

Case Number:	CM14-0145592		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2014
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 03/07/2014 due to cumulative trauma. Diagnoses were cervical spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, with findings of a small left posterolateral disc protrusion, a lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, protrusion and posterior annular tear, thoracic spine musculoligamentous. Past treatments were lumbar epidural steroid injections in 05/2014, which provided significant relief of symptoms. The physical examination dated 07/28/2014 revealed complaints of neck pain, bilateral upper extremity radiculitis, low back pain with bilateral lower extremity radiculitis, right side worse than left, mid back pain, and sleep difficulties. The examination of the cervical spine revealed tenderness to palpation with muscle guarding and spasm present over the cervical paraspinal musculature. Myofascial trigger points were palpated over the bilateral upper trapezius muscles. Axial compression test and Spurling's maneuver revealed complaints of pain. The cervical range of motion was decreased. Examination of the thoracic spine revealed tenderness to palpation with associated slight to moderate muscle guarding and spasm present over the thoracic paraspinal musculature extending over the interscapular region. The examination of the lumbar spine revealed tenderness to palpation with associated slight to moderate muscle guarding and spasm present over the lumbar paraspinal musculature that extended over the lumbosacral junction, right greater than left. Tenderness to palpation was present over the bilateral sacroiliac joints. Yeoman's test and sacroiliac stress test were positive bilaterally. The straight leg raise test in the seated and supine position was positive on the right for radiating paresthesia along the L4 and L5 nerve root distribution. Straight leg raise test on the left, elicited complaints of increased low back pain but with absent radicular component. The sensation was decreased along the L4 and L5 dermatomal distribution in the right lower extremity. Motor examination

revealed normal muscle bulk and motor testing of the major muscle groups of bilateral upper and lower extremities. Deep tendon reflexes were normal. The treatment plan was for medications to continue as directed and request an EMG and nerve conduction velocity study. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 78.

Decision rationale: The decision for 1 Prescription of Norco 2.5/325mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's for ongoing management of an opioid medication were not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

1 EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies

Decision rationale: The decision for 1 EMG/NCV of the bilateral lower extremities is not medically necessary. The ACOEM Guidelines state that electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. There should be documentation of 3 weeks to 4 weeks of conservative care and observation. EMGs are not necessary if radiculopathy is present upon examination. The Official Disability Guidelines do not recommend nerve conduction study as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation specifically indicating the necessity for both an EMG and NCV. The medical guidelines state that EMGs are not necessary if radiculopathy is present upon examination. The clinical information submitted for review does not provide evidence to justify

an EMG/NCV of the bilateral lower extremities. Therefore, this request is not medically necessary.

1 sleep medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

Decision rationale: The decision for 1 sleep medicine consultation is not medically necessary. The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There was no clear rationale to support the consultation. Therefore, this request is not medically necessary.

1 x-ray study of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The decision for 1 x-ray study of the cervical spine is not medically necessary. The ACOEM Guidelines state, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 week or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery. It was not reported that the injured worker had any type of physical therapy. There was not an emergence of red flag signs or symptoms. The clinical information submitted for review does not provide information to justify 1 x-ray study for the cervical spine. Therefore, this request is not medically necessary.

1 x-ray study of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for 1 x-ray study of the lumbar spine is not medically necessary. The ACOEM Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There were no red flags for serious spinal pathology revealed, and physical therapy was not reported for the injured worker. It was not reported that the injured worker was considering surgery as an option. The rationale for the 1 x-ray study of the lumbar spine was not reported. There were no significant factors provided to justify 1 x-ray study of the lumbar spine. Therefore, this request is not medically necessary.