Case Number:	CM14-0185422		
Date Assigned:	11/13/2014	**Date of Injury:**	02/16/2014
Decision Date:	12/16/2014	**UR Denial Date:**	10/21/2014
Priority:	Standard	**Application Received:**	11/06/2014

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 Geriatrics and is licensed to practice in New York. 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 53 year old with a date of 2/16/14. She was seen for a spine surgery consultation on 9/2/14 with complaints of neck, left elbow and upper/lower back pain. She is status post physical therapy and chiropractic therapy. Her medications included norco, tramadol and ibuprofen. Her exam showed limitations in range of motion of the cervical, thoracic and lumbar spine. She had intact sensation and her motor exam was 4+/5 - 5/5 in all muscles groups. She had increased reflexes in the biceps and patella bilaterally. Her other reflexes were normal and she had normal provocative testing and no clonus. She is status post MRI of the cervical, thoracic and lumbar spine. Her diagnoses included herniated nucleus pulposus (HNP) of cervical spine and cervical radiculopathy, degenerative disc disease-thoracic and lumbar spine and facet arthropathy - lumbar spine. At issue in this review is the request for tramadol and electromyography (EMG)/nerve conduction study (NCS) of the bilateral extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tramadol ER 150 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of tramadol is not substantiated in the notes.

2 Electromyography (EMG)/Nerve Conduction Study (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has already had a cervical MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities.

2 EMG/Nerve Conduction Velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI which has documented structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral lower extremities.