MAXIMUS Federal Services

Case Number:	CM14-0199024		
Date Assigned:	01/07/2015	Date of Injury:	06/08/2012
Decision Date:	05/27/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on June 8, 2012. The injured worker was diagnosed as having sprain lumbar region and significant degenerative disease of the neck and low back. On June 24, 2014, the injured worker complained of radiating cervical spine pain. He also complained of lumbar spine pain that slightly decreases his capacity in performance of activities of daily living. There was no comprehensive physical examination provided. The treatment plan included medications, follow-up visits, home exercise program, a trial of epidural steroid injections and work restrictions. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg 1-2 everyday with 1 refill: 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): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopiod analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there is no documentation of a failure of nonopioid analgesics. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is no documentation of a written consent or agreement for the chronic use of an opioid. The request as submitted failed to indicate the specific quantity. Given the above, the request is not medically necessary.

Omeprazole 20mg #100 (1 BID PRN) with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. As such, the request is not medically necessary.

MRI scan of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There was no comprehensive physical examination of the cervical spine provided. There is no evidence of a motor or sensory deficit. There is no documentation of the emergence of any red flags. There is no mention of a recent attempt at any conservative management. Given the above, the request is not medically necessary.

MRI scan of lumbar spine: 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), Low Back Chapter.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There was no comprehensive physical examination of the lumbar spine provided. There is no evidence of a sensory or motor deficit. The medical necessity has not been established. Therefore, the request is not medically necessary.

EMG of the upper extremities: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no comprehensive physical examination provided. There is no evidence of a sensory or motor deficit. The medical necessity has not been established. As such, the request is not medically necessary.

NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no comprehensive physical examination provided. There is no evidence of a sensory or motor deficit. The medical necessity has not been established. As such, the request is not medically necessary.

EMG of the lower extremities: 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: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may help identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no comprehensive physical examination provided. There is no evidence of a motor deficit or sensory deficit involving the lower extremities. The medical necessity has not been established. Therefore, the request is not medically necessary.

NCS of the lower extremities: 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: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may help identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no comprehensive physical examination provided. There is no evidence of a motor deficit or sensory deficit involving the lower extremities. The medical necessity has not been established. Therefore, the request is not medically necessary.

Re-evaluation in 6 weeks: 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), Pain Chapter.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines states physician follow-up generally occurs when a release to modified, increased or full duty is needed, or after appreciable healing and recovery can be expected. In this case, there was no comprehensive physical examination provided. There is no documentation of a significant functional deficit. The medical necessity for a re-evaluation has not been established. Therefore, the request is not medically necessary.