

Case Number:	CM14-0212795		
Date Assigned:	12/30/2014	Date of Injury:	10/04/2000
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 medical records presented for review indicate that this 63-year-old female an injury on October 4, 2000. The mechanism of injury was having a packing crate hit her in the back and pushed her under a table. A previous request received a modified endorsement. Previous treatment has included physical therapy without apparent benefit as well as a bilateral L3, L4, and L5 foraminotomy performed in 2008. The request for authorization noted the diagnosis list as muscle spasm, lumbar spondylosis and radiculopathy. A progress report dated November 20, 2014 included a complaint of low back pain. The complaints centered on low back pain. The injured employee noted no change in the overall condition. Pain was rated at an average of 8-9/10. Current medications include carbamazepine, hydrocodone/APAP, carisoprodol, famotidine, Gas-x, and Advil. A physical examination revealed decreased lumbar spine range of motion and tenderness along the lumbar paraspinal muscles and gluteal muscles bilaterally. Decreased sensation was noted at the L5 - S1 nerve distribution of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5-325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 73.

Decision rationale: The California MTUS guidelines recommends ongoing usage of opioid medications to be justified by documentation of objective pain relief (decreased symptomology) and increased functionality as well as comments regarding side effects and aberrant behavior. The progress note dated November 20, 2014 does not address any of these issues. The level of complaints remained the same, the reported pain levels were unchanged and no new symptoms reported. There is nothing in the narrative to suggest any new neurological symptoms. Without any previous efficacy demonstrated with the usage of hydrocodone/APAP, this request for continued usage of this medication is not medically necessary.

Neurology Consult with EMG/NCS of the Sacral Plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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), independent medical examinations and consultations, chapter 7, page 127.

Decision rationale: The American College of Occupational and Environmental Medicine recommends specialty consultations when there is an uncertain diagnosis or a plan of care may benefit from additional expertise as well as EMG and NCV studies to help identify subtle focal neurological dysfunction in patients with low back symptoms. There are no new complaints, the pain levels are unchanged and there are no noted new physical examination findings. There is no documentation that current symptoms have changed (based on what is reported by the injured employee) or worsened from prior clinical evaluation which would necessitate a neurological consultation. With no new symptoms or progressive neurologic changes there is no basis to pursue nerve conduction studies. Considering this, the request for a neurological consultation with EMG/NCS studies is not considered medically necessary.