

Case Number:	CM15-0116958		
Date Assigned:	06/25/2015	Date of Injury:	01/29/2013
Decision Date:	08/14/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

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 49 year old male, who sustained an industrial injury on January 28, 2013. He reported neck, left shoulder and upper, mid and low back pain and left chest wall pain after being rear ended by a vehicle moving roughly 60 miles per hour. He was noted to be a truck driver and was moving at 25-30 miles per hour during the impact. There was no noted loss of consciousness. The injured worker was diagnosed as having neck sprain, thoracic region sprain, lumbosacral joint/ligament sprain, left shoulder and upper arm sprain, motor vehicle accident and chest wall pain. Treatment to date has included diagnostic studies, radiographic imaging, medications, physical therapy, pain injections, medications and work restrictions. Currently, the injured worker complains of continued neck, left shoulder and upper, mid and low back pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 6, 2013, revealed continued pain as noted with mild tingling in the left lower extremity. X-ray studies of the chest revealed no acute cardiopulmonary processes. Thoracic spine x-ray revealed no acute fractures and subtle levoscoliosis. Lumbar spine x-rays revealed no fractures or subluxations, no significant degenerative changes and Spina bifida at lumbar 6. Ice, rest, medications and modified work was recommended. Evaluation on March 25, 2015, revealed continued pain improving with medication, massage therapies and chiropractic care. He noted massage therapy significantly reduces pain for 3-4 days following the session. He noted the medications including Norco, Flexeril and tramadol ER were helpful in reducing pain. He noted stopping his sleep aide secondary to them not being beneficial. Bilateral upper extremity

electrodiagnostic studies revealed evidence of cervical radiculopathy and bilateral carpal tunnel syndrome. He rated his current pain at 4/10 with 10 being the worst with pain medication and a 3/10 with 10 being the worst without medications. Tramadol ER 150mg #60 and EMG/NCS BUE were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Opioid Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS guidelines Tramadol is a centrally-acting opioid. California MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. It was noted the injured worker has used Tramadol for pain control for a long period of time. During that period of time no significant functional improvement, improved pain or increase in activity level was documented. It was noted the injured worker continued to have chronic pain during the period of time while using Tramadol. Based on the objective information noted in the provided documentation, the request for Tramadol ER 150mg #60 is not medically necessary.

EMG/NCS BUE: 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): 178.

Decision rationale: According to the MTUS/ACOEM Guidelines appropriate electrodiagnostic studies may help differentiate between Carpal Tunnel Syndrome and other conditions, such as cervical radiculopathy. Studies may include nerve conduction studied (NCS) or electromyography in more difficult cases. In the event Electrodiagnostic studies are negative and symptoms persist, tests may be repeated at a later date. It was noted previous bilateral upper extremity electrodiagnostic studies revealed evidence of cervical radiculopathy and bilateral carpal tunnel syndrome however there was no documented upper extremity symptoms on recent visit documents. The request for EMG/NCS of the bilateral upper extremities was not medically necessary.