

Case Number:	CM15-0179461		
Date Assigned:	09/21/2015	Date of Injury:	03/19/2014
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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: California
 Certification(s)/Specialty: Emergency 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 75 year old male, who sustained an industrial injury on 3-19-14. Medical record indicated the injured worker is undergoing treatment for cervical spine sprain-strain, lumbar sprain-strain and cervical displacement, herniation, protrusion and rupture. Treatment to date has included functional capacity evaluation, chiropractic treatment, physical therapy, oral medications including Naproxen 550mg, Prilosec 20mg and activity modifications. Currently on 7-29-15, the injured worker complains of constant low back pain rated 3 out of 10 unchanged since previous visit of 6-24-15. He is currently not working. Physical exam performed on 7-13-15 revealed restricted cervical range of motion, restricted lumbar range of motion with normal gait and sensation. A request for authorization was submitted on 8-2-15 for (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of bilateral upper extremities and cervical spine along with prescriptions for Naproxen 550mg #60 with one refill and Prilosec 20mg #30 with one refill. On 8-20-15, utilization review non-certified a request for (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies noting there are no documented changes in the neurological status that would require (EMG) Electromyogram studies; and prescription for Prilosec noting there is no medical necessity for the use of Omeprazole with the medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on naproxen. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. NSAIDs were approved by UR. While patient should be on PPI, NSAIDs are only recommended for short term use. This request contains a request for refills which is consistent with short term use. PPIs have significant side effects if used chronically. Prilosec/Omeprazole is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this entire request will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. There is no exam consistent with nerve entrapment. There is no rationale provided for requested test. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy only subjective pain. Patient has known disc bulge in MRIs. There is no plan for surgery. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.

EMG/NCV 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 and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: This is basically the same request as EMG/NCV of bilateral upper extremities. Same criteria and explanation applies. EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this entire request will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. There is no exam consistent with nerve entrapment. There is no rationale provided for requested test. NCV is not medically necessary As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy only subjective pain. Patient has known disc bulge in MRIs. There is no plan for surgery. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of Cervical spine are not medically necessary.