

Case Number:	CM15-0020686		
Date Assigned:	02/10/2015	Date of Injury:	12/05/2002
Decision Date:	09/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 69-year-old male sustained an industrial injury on 12-05-02. He subsequently reported neck and back pain. Diagnoses include cervicgia and cervical disc displacement. Treatments to date include MRI testing, injections and prescription pain medications. The injured worker continues to experience worsening neck pain, bilateral arm dysesthesias, cramping and numbness and weakness of both hands. Upon examination, there is limited range of motion of the neck. Decreased sensation in the C5 and C6 nerve root distribution as well as intrinsic weakness of both hands is noted. A request for EMG/NCV right upper extremity and Ibuprofen 800mg #360 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: EMG/NCV right upper is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation is not clear on how this test would change the medical management of this patient with a work injury dating back to 2002. It is unclear whether he has had prior EMG/NCV studies and the results of those tests. The request for EMG/NVS right upper extremity is not medically necessary.

Ibuprofen 800mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines effective July 18, 2009 regarding anti-inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs and the Goodman & Gilman's. The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2010 Physicians' Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 69-73.

Decision rationale: Ibuprofen 800mg #360 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that higher doses of Ibuprofen are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Doses greater than 400 mg have not provided greater relief of pain. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. The MTUS Guidelines also state that for chronic low back pain: NSAIDs are recommended as an option for short-term symptomatic relief. The documentation is not clear on how long the patient has been on Motrin and what functional benefit it has provided. The request for Motrin 800mg is not medically necessary.