

Case Number:	CM15-0042450		
Date Assigned:	04/02/2015	Date of Injury:	10/03/2014
Decision Date:	05/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 52-year-old female who reported an injury on 10/03/2014. The mechanism of injury was noted as a slip and fall. Her diagnoses were noted as cervical sprain, derangement of joint not otherwise specified of shoulder, lateral epicondylitis, sprains and strains of wrists, and lumbar sprain/strain. Her surgical history was noncontributory. During the assessment on 01/21/2015, the injured worker complained of pains in the neck, right shoulder, right elbow, right wrist/hand, lower back, knees, and ankles. She also complained of sleep difficulty, insomnia, and feelings of depression, stress, and anxiety. She rated her neck pain a 7/10 to 8/10, her shoulder pain a 5/10, her right elbow pain a 4/10, her right wrist/hand pain a 4/10, and her low back pain a 7/10. The physical examination of the cervical spine revealed no signs of external tremor, ecchymosis, lacerations, abrasions, or hematoma. There was spasm present in the paraspinal muscles as well as tenderness to palpation. There was reduced sensation in the right hand and restricted range of motion. The physical examination of the shoulders revealed tenderness to pressure over the joints. There was restricted range of motion bilaterally and a positive impingement sign on the right. The physical examination of the elbows revealed tenderness to pressure over the right lateral elbow with a positive Cozen's sign on the right. The physical examination of the lumbar spine revealed spasm and tenderness in the paraspinal muscles. There was no deficit in any of the dermatomes of the lower extremities to pinprick and light touch. There was restricted range of motion with a positive straight leg raise in the sitting position bilaterally. The treatment plan was to request an electromyography/nerve conduction study of the bilateral lower extremities and the bilateral upper extremities. The rationale for the request was not provided. The Request for Authorization form was dated 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve conduction studies (NCS).

Decision rationale: The request for an EMG/NCS bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients presenting with for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommend them if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies on non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The physical examination reveal some neurological deficits; however, there was no indication that the injured worker had failed conservative care treatments. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the request for the nerve conduction study. Given the above, the request for an EMG/NCS of the bilateral upper extremities is not medically necessary.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS).

Decision rationale: The request for an EMG/NCS bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography, including H reflex tests, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The physical examination reveal neurological deficits; however, there was no indication that the injured worker had failed conservative care treatments. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the requested nerve conduction study. Given the above, the request is not medically necessary.

MRI Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for an MRI of the low back is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation did indicate the neurological deficits were found on physical examination; however, there was no indication that the injured worker had not responded to conservative treatment or would consider surgery an option. As such, the request is not medically necessary.

MRI Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The request for an MRI of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. However, the clinical documentation submitted for review did not indicate that the patient had attempted a period of conservative care or observation for the right knee. As such, the requested MRI of the right knee is not medically necessary.

Omeprazole DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: The request for omeprazole DR 20 mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation did not indicate that the injured worker was at intermediate or high risk for gastrointestinal events. Additionally, the frequency was not provided. As such, this request is not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS; Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for orphenadrine ER 100 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommended muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted provided evidence that the injured worker has been on this medication for an extended duration of time and there was a lack of documentation of objective improvement. Additionally, the frequency was not provided. As such, the request is not medically necessary.