

<b>Case Number:</b>	CM15-0067603		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male with an industrial injury dated 11/04/2013. His diagnosis includes status post decompression of thoracolumbar spine, gradual worsening stenosis and collapse with loss of lordotic alignment at cervical 5-6 and cervical 6-7 with radiculitis and radiculopathy and status post interlaminar laminotomy at lumbar 1-lumbar 2 bilaterally. Prior treatment includes aquatic therapy, medications and surgery. He presents on 02/13/2015 with complaints of neck pain radiating to the shoulders and associated with numbness and tingling. The pain is rated as 6/10. He also complains of low back pain with radiation to the right foot. Back pain is rated as 7/10. Physical exam of the cervical spine reveals tenderness and spasm with limited range of motion. There was limited range of motion of the lumbar spine. Treatment plan includes physical therapy, diagnostics to include MRI of cervical spine, nerve conduction studies and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The injured worker sustained a work related injury on 11/04/2013. The medical records provided indicate the diagnosis of status post decompression of thoracolumbar spine, gradual worsening stenosis and collapse with loss of lordotic alignment at cervical 5-6 and cervical 6-7 with radiculitis and radiculopathy and status post interlaminar laminotomy at lumbar 1- lumbar 2 bilaterally. Prior treatment includes aquatic therapy, medications and surgery. The medical records provided for review do not indicate a medical necessity for: EMG/NCV of the bilateral upper extremities. The MTUS recommends these studies when the neurological findings are in question, but in this particular case there was positive compression test, diminished to absent reflexes, muscle weakness. Also, the injured worker has been recommended for Cervical MRI. The request is not medically necessary.

**Voltaren XR 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Diclofenac sodium (Voltaren, Voltaren-XR).

**Decision rationale:** The injured worker sustained a work related injury on 11/04/2013. The medical records provided indicate the diagnosis of status post decompression of thoracolumbar spine, gradual worsening stenosis and collapse with loss of lordotic alignment at cervical 5-6 and cervical 6-7 with radiculitis and radiculopathy and status post interlaminar laminotomy at lumbar 1- lumbar 2 bilaterally. Prior treatment includes aquatic therapy, medications and surgery. The medical records provided for review do not indicate a medical necessity for Voltaren XR 100mg #30. The MTUS recommends this medication for the treatment of osteoarthritis, but the Official Disability Guidelines recommends categorizes it in the "N" group of drugs that are considered not first line drugs, and require utilization review. It is associated with increased risk profile. There was no documented explanation for the choice of this medication rather than the safer NSAIDs. The request is not medically necessary.

**Continue physical therapy 12 sessions 3x4 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Aquatic Therapy Page(s): 6; 22.

**Decision rationale:** The injured worker sustained a work related injury on 11/04/2013. The medical records provided indicate the diagnosis of status post decompression of thoracolumbar spine, gradual worsening stenosis and collapse with loss of lordotic alignment at cervical 5-6 and cervical 6-7 with radiculitis and radiculopathy and status post interlaminar laminotomy at lumbar 1- lumbar 2 bilaterally. Prior treatment includes aquatic therapy, medications and surgery. The medical records provided for review do not indicate a medical necessity for Continue physical therapy 12 sessions 3x4 for the lumbar spine. The records reviewed did not state the number of aquatherapy visits the injured worker had: the MTUS uses the same physical Medicine guideline for aquatic therapy and land based physical therapy. The MTUS states, "Effective treatment of the chronic pain patient requires familiarity with patient-specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables." The request is not medically necessary.