

Case Number:	CM15-0093781		
Date Assigned:	05/20/2015	Date of Injury:	02/08/2007
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/15/2015

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: Family Practice

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 62-year-old male, who sustained an industrial injury on 2/08/2007. Diagnoses include lumbar spondylolisthesis, lumbar spinal stenosis, and degenerative disc disease of the lumbar spine, lumbar radiculopathy and status post spinal fusion surgery. Treatment to date has included surgical intervention x 3 (2008, 2009, 2010 cervical laminectomy and fusions), exercise and medications including Norco, Lyrica, Cymbalta, Prozac, Skelaxin and Lipitor. Per a 3/19/15 report, the injured worker has had a recent QME two weeks prior at which time electro diagnostic studies were performed. Per the Primary Treating Physician's Progress Report dated 4/30/2015, the injured worker reported lower back pain with radiation into the bilateral lower legs rated as 8/10 on a subjective scale. Physical examination revealed a marked antalgic gait and partial foot drop. The surgical incision is clean, dry and intact with no surrounding erythema, cellulitis or discharge. The plan of care included diagnostic testing and medications and authorization was requested for EMG (electromyography)/NCV (nerve conduction studies) of the bilateral lower extremities and Prozac. Review of systems on the submitted narratives is positive for anxiety and depression.

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 lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to ACOEM guidelines, 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 and option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, the injured worker is noted to have partial foot drop. However, there is not other evidence of clinical findings on examination, which would cause concern for radiculopathy stemming from the lumbar spine or a peripheral neuropathy in the lower extremities. The findings of foot drop appear to be chronic in nature, and in the absence of re-injury or red flags, proceeding with electro diagnostic studies is not supported. In addition, per a 3/19/15 report, the injured worker has had a recent qualified medical evaluation two weeks prior at which time electro diagnostic studies were performed. The request for EMG/NCV of the bilateral lower extremity is not medically necessary and appropriate.

Unknown prescription of Prozac: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), SSRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

Decision rationale: Review of systems on the submitted narratives is positive for anxiety and depression. According to ODG, antidepressants for treatment of MDD (major depressive disorder) are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. However, the medical records note that the injured worker is also being prescribed Cymbalta, which is also an anti-depressant. The medical records do not establish the efficacy of Prozac and the requested dosage and amount is not known. The request for Unknown prescription of Prozac is not medically necessary and appropriate.