

Case Number:	CM15-0099750		
Date Assigned:	06/02/2015	Date of Injury:	06/20/1986
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York, West Virginia, Pennsylvania
 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:

This 57 year old woman sustained an industrial injury on 6/20/1986. The mechanism of injury is not detailed. Diagnoses include chronic lumbar sprain/strain. Treatment has included oral medications, acupuncture, and physical therapy. Physician notes on a PR-2 dated 4/24/2015 show complaints of lumbar spine pain rated 5-7/10 with intermittent radiation to the bilateral lower extremities. Recommendations include physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve conduction study (NCS) of the right lower extremity:
 Upheld

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

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

Decision rationale: Guidelines note that EMG/NCV can be used to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. In this case, there is no evidence for potential peripheral nerve compression to support the need for NCV studies. The request for EMG/NCV is not medically appropriate or necessary

Naprosyn 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, there is no documentation of ongoing efficacy or objective evidence of functional improvement from prior use. The request for Naprosyn 550 mg is not medically appropriate or necessary.

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Therapeutic Trial of Opioids; Opioids for chronic pain, Recommendations for general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Guidelines state that patients on opioids should be monitored for efficacy, functional improvement, side effects and signs of aberrant drug use. In this case, there is a lack of documentation of efficacy and functional improvement and there is no documentation of assessment for aberrant use. The request for tramadol 50 mg #60 with 2 refills is not medically appropriate or necessary.