

Case Number:	CM14-0153382		
Date Assigned:	09/23/2014	Date of Injury:	06/11/2013
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with date of injury of 10/11/2013. The listed diagnoses per [REDACTED] are: 1. Chronic low back pain. 2. Diffuse lumbar spondylosis. 3. Right L5 spondylotic radiculitis versus radiculopathy. The patient has sensory and motor involvement of the L5 nerve on the right. 4. Neuroforaminal stenosis at L5-S1 and L4-L5. 5. Lumbar facet arthropathy and facetogenic-mediated pain, right side greater than left. 6. Pain over the bilateral testicles most likely secondary to lumbar pathology. 7. Left renal cyst 14 x 17 mm in size noted incidentally on MRI. According to progress report 08/22/2014, the patient presents with low back pain that continues to radiate into his buttocks and down both legs. The patient also reports numbness and tingling in the legs. Examination revealed decreased range of motion on all planes and positive straight leg raise in the sitting and supine position on the right. MRI of the lumbar spine from 01/11/2014 revealed mild canal and mild to moderate foraminal stenosis at L2 to S1 and left renal cyst. The treating physician is requesting follow-up visits with [REDACTED], bilateral lower limb Electromyography (EMG), bilateral lower limb Nerve Conduction Study (NCS), and Neurontin 300 mg #90. Utilization review denied the request on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Follow-Up Visit with [REDACTED]: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), chapter:7page 127

Decision rationale: This patient presents with continued low back pain that radiates into the lower extremities. The treating physician is requesting a follow-up visit. Utilization review modified the certification from "continued treatment with [REDACTED]" to 1 follow-up visit. ACOEM Chapter 12, Low Back Pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." The medical file indicates the patient is taking Norco and Zanaflex. Given patient's medication intake and continued complaints of radiating pain, follow-up visits with [REDACTED] is warranted. The request is medically necessary and appropriate.

Bilateral Lower Limb EMG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with continued low back pain that radiates into the lower extremity. The treating physician is requesting a bilateral lower limb Electromyography (EMG) to rule out right L5 radiculopathy. The treating physician states the purpose of doing a bilateral study is to "compare the symptomatic side to the asymptomatic side." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Review of the medical file does not indicate that the patient has had an EMG in the past. In this case, the patient has low back pain down the legs and an EMG study would appear reasonable to determine the extent of nerve root damage or the specific level of problem. The request is medically necessary and appropriate.

Bilateral Lower Limb NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - NCV studies:

Decision rationale: This patient presents with continued low back pain that radiates into his buttocks and down both legs. He also reports numbness and tingling down bilateral legs. The treater is requesting a bilateral lower limb NCS. The MTUS and ACOEM do not discuss NCS. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." A Nerve conduction study for further investigation is not necessary. Furthermore, EMG with H-reflex may be indicated for low back pain but not NCV studies. The request is not medically necessary and appropriate.

Neurontin 300mg 3x/day with slow titration over 3 weeks of tolerating #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

Decision rationale: This patient presents with continued low back pain that radiates into the buttocks and down bilateral legs with numbness and tingling. The treater is requesting Neurontin 300 mg 3 times a day with titration over 3 weeks of tolerating #30. This medication was modified by utilization review from the requested Neurontin 30 mg "3 times per day with slow titration over 3 weeks" to Neurontin 300 mg #90. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin, "gabapentin has been shown to be effective for treatment of diabetic, painful neuropathy, and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain." Review of the medical file which includes progress reports from 09/16/2013 through 08/22/2014 indicates that the patient has not taken this medication in the past. This is an initial request. Given the patient's neuropathic pain, a trial of Neurontin may be indicated. Recommendation is for approval.