

<b>Case Number:</b>	CM14-0022270		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/01/1996
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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:

This patient is a 49-year-old male with date of injury 05/01/1996. Per treating physician's report, 12/10/2013, initial comprehensive orthopedic evaluation, patient presents with low back pain, radiation down both legs, more on the left side. Treating physician reports that the patient had lumbar fusion from L3 to S1 in 1996. He provided an extensive review of the medical records, and the treating physician notes that the patient had EMG/nerve conduction studies which was performed by [REDACTED] in 2012 with conclusion of mild sensory polyneuropathy, absent bilateral H-reflexes which may indicate bilateral S1 nerve involvement, mild denervation noted in right and left gastrocnemius muscle muscles innervated by S1 nerve roots. He also reviewed the MRI of the lumbar spine from 2011 that showed postsurgical changes from L3 to L5 and moderate spondylosis at L2-L3. After a very lengthy review of the records that consisted of some 60 pages, diagnostic impression is found on page 71 of this initial evaluation report. Impressions were lower extremity radiculopathy, left greater than right with positive straight leg raise and diminished reflexes, low back pain chronic, status post fusion of the lumbar spine from L3 to S1, lumbar spine spasm and guarding. Recommendation was for bilateral lower extremity nerve conduction and EMG, (7-view) lumbar x-rays, laboratory analysis, CT scan and MRI of the lumbar spine to determine the extent of pathology. Patient was given prescription for tramadol 50 mg 4 times a day, naproxen, Zanaflex. Utilization review determination is dated 02/13/2014. Review of this report indicates that the tramadol was recommended, but additional refills were not. Naprosyn was apparently authorized without refills. CT scan was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE LOWER EXTREMITIES:** 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 Page(s): 303.

**Decision rationale:** This patient presents with chronic low back pain with radiating symptoms down both lower extremities. The patient is status post multilevel lumbar fusion from 1996. The request is for EMG of the lower extremity, per treating physician's initial evaluation dated 12/10/2013. However, review of the reports showed that the patient had EMG/NCV studies back in 2012 with findings of mild sensory polyneuropathy, absence of H-reflex and needle study showing changes in gastrocnemius muscle suggestive of S1 radiculopathy. The treating physician does not discuss a rationale why another set of EMG/NCV studies required at this point. While ACOEM Guidelines support use of EMG studies particularly with H-reflex to determine focal neurologic deficits in patients presenting with low back pain, there is no support for repeating same set of studies without new injury, progressive neurologic deficit or other reasons. The request for EMG of the Lower Extremities is not medically necessary.

**NCS OF THE LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS).

**Decision rationale:** This patient presents with low back pain, lower extremity pain with history of multilevel lumbar fusion from 1996. The request is for NCV studies of the lower extremities, but review of the reports showed that the patient had EMG/NCV studies back in 2012 with the findings noted above. The treating physician does not explain why another set of electrodiagnostic studies are necessary. There are no new injury, no progressive neurologic deficit, no changes in symptom locations or clinical picture to warrant another set of electrodiagnostic studies when there is one from 2012. The request is for NCS of the Lower Extremities is not medically necessary.

**PRESCRIPTION OF TRAMADOL 50MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Criteria For Use Of Opioids Page(s): 60-61, 88-89.

**Decision rationale:** This patient presents with chronic low back pain with history of lumbar fusion from 1996. The request is for tramadol 50 mg, but this was authorized by utilization review dated 02/13/2014. MTUS Guidelines support use of opiates for chronic moderately severe pain which this patient seems to suffer from. The patient was initially evaluated by this treating physician on 12/10/2013 where tramadol was prescribed. Use of tramadol is appropriate and consistent with MTUS Guidelines. For ongoing use of tramadol, medication efficacy in terms of pain and function must be documented. The request for Prescription of Tramadol 50mg is medically necessary.

**PRESCRIPTION OF NAPROSYN 500MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** MTUS Guidelines page 22 do support use of NSAIDs for chronic moderately severe pain, particularly in chronic low back pain. Ongoing use of any medications for chronic pain must accompany documentation of pain and function. This patient presents with chronic low back pain with history of lumbar fusion from 1996. The request is for naproxen 500 which was prescribed by treating physician on 12/10/2013 on initial visitation. The request for Prescription of Naprosyn 500mg is medically necessary.

**CT SCAN OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Computerized Tomography (CT Scan).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** This patient presents with chronic low back pain with history of lumbar fusion at multiple levels from 1996. The patient was initially evaluated by this treater on 12/10/2013 who has asked for an MRI or CT scan. Review of the reports showed that the patient had prior MRI 10/13/2011 that showed fusion from L3 to L5 with moderate spondylotic changes at L2-L3. The treating physician has asked for a CT scan to determine the extent of patient's lumbar spine pathology. ACOEM Guidelines page 309 supports CT or MRI when a cauda equina tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. In this case, no such suspicions are provided. Furthermore, the patient has already had MRI from 2011. The request for CT Scan of the Lumbar Spine is not medically necessary.