

<b>Case Number:</b>	CM14-0058679		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Emergency Medicine 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 injured worker is a 59 year-old male, who sustained an injury on January 10, 2012. The mechanism of the injury is not noted. Diagnostics have included: EMG dated May 2, 2012 and August 16, 2013 was reported as not showing evidence of neuropathy or radiculopathy; Lumbar spine MRI dated April 27, 2012, was reported as showing moderate degenerative changes align with congenital spinal canal stenosis at L2-S1. The lumbar spine MRI dated March 24, 2014 was reported as showing L3-4 disc bulge with moderate spinal stenosis and L4-5 bilateral neuroforaminal narrowing. Treatments have included: medications, HEP, chiropractic. The current diagnoses are: multi-level lumbar degenerative disc disease, depression, sleep disorder, sexual dysfunction, headaches, weight gain. The stated purpose of the request for Prescription of Vicodin 5/325mg, #90 x2, was to provide pain relief. It was modified to 1 Prescription of Vicodin 5/325 mg # 90. On April 3, 2014, the injured worker noted to had experienced a reduction in pain and improved function without aberrant behavior with Vicodin but would be followed up in one month to reassessed and determine the continuance of improved pain and function. The stated purpose of the request for One EMG for the lumbar spine, was to evaluate persistent radicular pain with numbness and tingling. The request for One EMG for the lumbar spine, was denied on April 3, 2014, citing a lack of documentation of acute clinical change since as reportedly negative EMG dated August 16, 2013. Per the report dated March 20, 2014, the treating physician noted complaints of low back pain with muscle spasm and radiation to both legs, along with numbness and tingling to the right anterior thigh but with pain reduction from Vicodin from 8/10 to 1-2/10 and improved function but with pain-induced sleep disturbance. Exam findings included decreased lumbar range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One EMG for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- EMGs (electromyography).

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

**Decision rationale:** The requested One EMG for the lumbar spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note unequivocal objective findings that identify specific nerve compromise. The neurologic examination shows sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The injured worker has complaints of low back pain with muscle spasm and radiation to both legs, along with numbness and tingling to the right anterior thigh, but with pain reduction from Vicodin from 8/10 to 1-2/10 and improved function but with pain-induced sleep disturbance. The provider physician has documented decreased lumbar range of motion. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength, nor an acute clinical change since the date of the reportedly negative EMG of August 16, 2013. Therefore, based on the above, the request for an EMG of the lumbar spine, is determine to be not medically necessary.

**Prescription of Vicodin 5/325mg, #90 x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Prescription of Vicodin 5/325mg, #90 x2, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has complaints of low back pain with muscle spasm and radiation to both legs, along with numbness and tingling to the right anterior thigh, but with pain reduction from Vicodin from 8/10 to 1-2/10 and improved function but with pain-induced sleep disturbance. The treating provider has documented decreased lumbar range of motion. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in

activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. Whith the criteria noted above not having been met, it is determined that this request is not medically necessary.