

<b>Case Number:</b>	CM14-0097894		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida 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 claimant reported chronic back pain and requested a refill of medications on 9/27/13. The individual has previously taken 6 Norco pills since back surgery in 2012 and the neurologic exam was normal. The insured was recommended for ultram and ibuprofen. The PR-2 report dated on 2/24/14 documented back pain that continued to be symptomatic. Physical examination noted a decreased sensation in the right L5 dermatome with strength of 5-/5 in lower extremities related to pain. The assessment was pain status post L5-S1 Gill procedure with fusion at L5-S1 secondary to spondylolisthesis at L5-S1. The evaluation on 4/7/14 noted pain in the lumbar spine in addition to difficulty completing Activities of Daily Living ADLs. The report also documented that the individual is unable to stand more than 10 minutes or walk more than a block. Examination also noted a 4-/5 strength in bilateral dorsiflexion and plantar flexion with diminished sensation in left lateral shin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) low back, EMG and Other Medical Treatment Guidelines or Medical Evidence.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) low back, EMG and Other Medical Treatment Guidelines or Medical Evidence: The Expert Reviewer's decision rationale: The medical records demonstrate progressive neurological changes over time of worsening weakness that started unilaterally. The weakness is now bilateral and is not in the distribution of one root level. Electromyography (EMG) is supported to guide determination of etiology, treatment, and prognosis. Therefore, the request for EMG is considered medically necessary.

**Nerve conduction velocity (NCV) of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) low back, NCV and Other Medical Treatment Guidelines or Medical Evidence: (Utah, 2006) (Al Nezari, 2013) (Charles, 2013).

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) low back, NCV and Other Medical Treatment Guidelines or Medical Evidence: (Utah, 2006) (Al Nezari, 2013) (Charles, 2013). The Expert Reviewer's decision rationale: The medical records demonstrate progressive neurological changes over time of worsening weakness that started unilaterally. The weakness is now bilateral and is not in the distribution of one root level. Nerve conduction Velocity (NCV) is supported to guide determination of etiology, treatment, and prognosis. Therefore, the request is considered medically necessary.

**Norco 10/325mg #60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-76.

**Decision rationale:** The medical records provided for review do not indicate specific findings of functional benefit from opioids and does not demonstrate ongoing opioid mitigation plan in place for monitoring of chronic opioid therapy. Therefore the request is considered not medically necessary.