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| Case Number: | CM14-0193382 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 02/18/2012 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Pain 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:

This is a male patient with a date of injury of February 18, 2014. A utilization review determination dated October 22, 2014 recommends non-certification of an Electromyogram (EMG) and Nerve Conduction Velocity (NCV) of bilateral lower extremities with modification to EMG of bilateral lower extremities, and oxycodone 5 mg #180 with modification to #64 weaning purposes. A progress note dated August 29, 2014 identifies subjective complaints of pain level of 7 out of 10, low back pain that radiates to the mid back and neck, and he describes the pain as constant, aching, burning, stabbing, sharp, throbbing, electrical, shooting, tingling, knifelike, jabbing, cramping, deep, and pressure. The patient reports that his pain is increased with activity, cold weather, at rest, while bending, while lifting, while sitting, while standing, while turning, while twisting, with movement, and with application of ice. The physical examination reveals stiffness and tenderness of the neck and lumbar region, tenderness over bilateral sacroiliac joints, tenderness over bilateral lumbar facets, and straight leg raise test is positive bilaterally. Strength of hip flexors, quadriceps, and with dorsiflexion is 3/5 bilaterally. Sensation of bilateral L3, L4, and L5 is diminished. The diagnoses include lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, diabetes type II, thoracic/lumbosacral radiculitis, major depressive disorder, post laminectomy syndrome of the lumbar region, and lumbosacral degeneration of intervertebral disc. The treatment plan recommends a request for authorization for a left L5-S1 lumbar epidural steroid injection, and oxycodone 5mg was discontinued and the patient is to continue with the pain medications prescribed by a different physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG-NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are physical examination findings supporting a diagnosis of specific nerve compromise. However, there is no documentation that the patient has failed conservative treatment directed towards these complaints. Additionally, the patient has an existing diagnosis of lumbar radiculopathy. In the absence of such documentation, but currently requested EMG/NCV of the lower extremities is not medically necessary.

Oxycodone 5mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for oxycodone 5mg #180, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, it appears that the patient is now

on Norco prescribed a different provider and was advised to discontinue oxycodone. In light of the above issues, the currently requested oxycodone 5mg #180 is not medically necessary.