

Case Number:	CM15-0000793		
Date Assigned:	01/12/2015	Date of Injury:	07/13/2012
Decision Date:	03/11/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 43 year old male, who sustained an industrial injury on July 13, 2012. He has reported injury to the left shoulder, lower back, and neck. The diagnoses have included disorders of sacrum, pelvis and thigh joint pain, thoracic/lumbosacral neuritis, cervical radiculopathy, lumbar radiculopathy, shoulder pain, and bicipital tenosynovitis. Treatment to date has included medications, radiological imaging, physical therapy, transcutaneous electrical nerve stimulation, trigger point injections, and lumbar epidural steroid injections. Currently, the IW complains of poor memory, lumbar pain with radiation down the right lower leg to the calf and foot, difficulty with sleep, sciatic notch pain, and the right leg giving out. Physical findings on December 15, 2014, demonstrate tenderness at the right sacro-iliac sulcus. The medical records provided for this review do not indicate a significant change in symptomology. The injured worker has had multiple electrodiagnostic studies. On December 21, 2014, Utilization Review non-certified the request for electromyogram for lumbar spine and bilateral lower extremities, and nerve conduction studies for lumbar spine and bilateral lower extremities, and lumbar x-rays, four (4) views, and magnetic resonance imaging of the lumbar spine; and modified certification for MS Contin 60 mg, quantity #48, and modified certification of Lunesta 1 mg, quantity #20, based on MTUS, Chronic Pain Treatment, ACOEM, and ODG guidelines. On December 30, 2014, the injured worker submitted an application for IMR for review electromyogram for lumbar spine and bilateral lower extremities, and nerve conduction studies for lumbar spine and bilateral lower extremities, and lumbar x-rays, four (4) views, and magnetic

resonance imaging of the lumbar spine, and MS Contin 60 mg, quantity #60, and Lunesta 1 mg, quantity #60. The primary diagnosis is listed as thoracic region radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for lumbar spine and bilateral lower extremities QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 303. Decision based on Non-MTUS Citation Official Disability Treatment (ODG), Integrated Treatment / Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG lumbar spine and bilateral lower extremities is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy by EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; shoulder pain; bicipital tenosynovitis; and dizziness and giddiness. Subjectively, the injured worker's pain level has increased. Objectively, the lumbosacral spine shows a loss of normal lordosis with straightening and decreased range of motion. There is tenderness to palpation the spasms bilaterally. There is tenderness over the left hip bursa. Neurologically motor strength is 5/5 bilaterally. On sensory examination, light touch decreased to sensation over the L4, L5 in the lower extremity dermatomes on the right. The guidelines indicate there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMG is recommended as an option to obtain unequivocal evidence of radiculopathy but is not necessary if radiculopathy is already clinically obvious. The documentation indicates lumbar radiculopathy with a decrease in light touch in the L for L5 dermatome on the right. Consequently, absent clinical documentation according to guideline recommendations, EMG lumbar spine and bilateral lower extremities is not medically necessary.

NCV for lumbar spine and bilateral lower extremities QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 303. Decision based on Non-MTUS Citation Official Disability Treatment (ODG), Integrated Treatment / Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, NCV lumbar spine and bilateral lower extremities is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing your conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy by EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; shoulder pain; bicipital tenosynovitis; and dizziness and giddiness. Subjectively, the injured worker's pain level has increased. Objectively, the lumbosacral spine shows a loss of normal lordosis with straightening and decreased range of motion. There is tenderness to palpation the spasms bilaterally. There is tenderness over the left hip bursa. Neurologically motor strength is 5/5 bilaterally. On sensory examination, light touch decreased to sensation over the L4, L5 in the lower extremity dermatomes on the right. The guidelines indicate there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The documentation indicates lumbar radiculopathy with a decrease in light touch in the L for L5 dermatome on the right. Consequently, absent clinical documentation according to guideline recommendations, NCV lumbar spine and bilateral lower extremities is not medically necessary.

Lumbar X-rays 4 views (AP Lat Flex Ext) QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, radiographs

Decision rationale: Pursuant to the Official Disability Guidelines, lumbar x-rays #4 views (AP, lateral, flexion, and extension) is not medically necessary. The guidelines do not recommend routine x-rays in the absence of red flags. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain is persisted for at least six weeks. The indications for plain x-rays are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, lumbar spine trauma with neurologic deficits; tenderness, vision of cancer, infection, etc. see the guidelines for details. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; shoulder pain; bicipital tenosynovitis; and dizziness and giddiness. Subjectively, the injured worker's pain level has increased. Objectively, the lumbosacral spine shows a loss of normal lordosis with straightening and decreased range of motion. There is tenderness to palpation the spasms bilaterally. There is tenderness over the left hip bursa. Neurologically motor strength is 5/5 bilaterally. On sensory examination, light touch decreased to sensation over the L4, L5 in the lower extremity dermatomes on the right. The injured worker had an MRI of the lumbar spine August 28th 2008 that was unremarkable. The injured worker had repeat MRI of the lumbar spine generally 10th 2013. The results showed a 2.5 mm disc bulge at L4, L5 and a 3 mm disc bulge at L5, S1. Discs were well hydrated with no spinal stenosis. The guidelines indicate routine x-rays are not recommended in the absence of red flags. Additionally, the injured worker had two prior magnetic resonance imaging scans of the lumbar spine. There is no

documentation in the medical record indicating a red flag or neurologic deficit to warrant plain x-rays of the lumbar spine. Consequently, absent clinical documentation to support lumbar x-rays, lumbar x-rays #4 views (AP, lateral, flexion, and extension) is not medically necessary.

Lumbar MRI (No Dye) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Treatment (ODG), Integrated Treatment / Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine without contrast is not medically necessary. MRI of the lumbar spine is recommended for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, (e.g. infection, fracture, neurocompression, recurrent disc herniation). The indications are enumerated in the Official Disability Guidelines. The indications include, but are not limited to, uncomplicated low back pain with red flags, with radiculopathy after at least one month conservative therapy, sooner if severe or progressive neurologic deficit, prior lumbar surgery, etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; shoulder pain; bicipital tenosynovitis; and dizziness and giddiness. Subjectively, the injured worker's pain level has increased. Objectively, the lumbosacral spine shows a loss of normal lordosis with straightening and decreased range of motion. There is tenderness to palpation the spasms bilaterally. There is tenderness over the left hip bursa. Neurologically motor strength is 5/5 bilaterally. On sensory examination, light touch decreased to sensation over the L4, L5 in the lower extremity dermatomes on the right. The injured worker had an MRI of the lumbar spine August 28th 2008 that was unremarkable. The injured worker had repeat MRI of the lumbar spine in 2013. The results showed a 2.5 mm disc bulge at L4, L5 and a 3 mm disc bulge at L5, S1. Discs were well hydrated with no spinal stenosis. The request for MRI authorization was dated December 17, 2014. The injured worker had two prior lumbosacral spine magnetic resonance imaging scans. There were no significant abnormalities noted on both scans. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was no documentation indicating a significant change in symptoms or objective findings suggestive of significant pathology. Consequently, absent clinical documentation suggesting a significant change in symptoms and/or findings suggestive of significant pathology, MRI lumbar spine without contrast is not medically necessary.

MS Contin 60mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 56; 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Official Disability Guidelines, MS Contin 60 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; shoulder pain; bicipital tenosynovitis; and dizziness and giddiness. Subjectively, the injured worker's pain level has increased. Objectively, the lumbosacral spine shows a loss of normal lordosis with straightening and decreased range of motion. There is tenderness to palpation the spasms bilaterally. There is tenderness over the left hip bursa. Neurologically motor strength is 5/5 bilaterally. On sensory examination, light touch decreased to sensation over the L4, L5 in the lower extremity dermatomes on the right. The injured worker had an MRI of the lumbar spine August 28th 2008 that was unremarkable. The injured worker had repeat MRI of the lumbar spine generally 10th 2013. The results showed a 2.5 mm disc bulge at L4, L5 and a 3 mm disc bulge at L5, S1. Discs were well hydrated with no spinal stenosis. The request for MRI authorization was dated December 17, 2014. The injured worker had to prior lumbosacral spine magnetic resonance imaging scans. Documentation from August 2013 states the injured worker was taking methadone, Opana, Lidoderm, Tizanidine, hydrocodone, Elavil, Aleve, Venlafaxine, Capsaisin cream. Documentation from August 11, 2014 indicates the injured worker is using MS Contin 15 mg, Norco 10/325 mg, Elavil 10 mg and Lyrica of 75 mg. There is no clinical rationale in the medical record of the change from Methadone and Opana to MS Contin and Norco. Additionally, the documentation does not contain evidence of objective functional improvement with long-term MS Contin and for Norco. There is no documentation/rationale for the dual use of two opiates taken concurrently. There are no detailed pain assessments in the medical record. Multiple urine drug screens were present in the medical records that were consistent. Consequently, absent clinical documentation to support the ongoing use of MS Contin with evidence of objective functional improvement with a clinical rationale explaining the do we use of two opiates taken concurrently, MS Contin 60 mg #60 is not medically necessary.

Lunesta 1mg QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC), 9th Edition (web), Non-Benzodiazepine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Lunesta

Decision rationale: Pursuant to the Official Disability Guidelines, Lunesta 1 mg #60 is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. For additional details see guidelines. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbar radiculopathy; shoulder pain; bicipital tenosynovitis; and dizziness and giddiness. Subjectively, the injured worker's pain level has increased. Objectively, the lumbosacral spine shows a loss of normal lordosis with straightening and decreased range of motion. There is tenderness to palpation the spasms bilaterally. There is tenderness over the left hip bursa. Neurologically motor strength is 5/5 bilaterally. On sensory examination, light touch decreased to sensation over the L4, L5 in the lower extremity dermatomes on the right. The documentation did not contain evidence of insomnia or sleep difficulties. The injured worker stated the quality of her sleep was fair. Lunesta is not recommended for long-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. Lunesta was prescribed on December 15, 2014. There is no further documentation of Lunesta 1 mg in the medical record. As noted above, Lunesta is indicated for three weeks maximum in the first two months of injury and discouraged for chronic use. There is no additional Lunesta documentation other than the initial prescription on December 15, 2014. Consequently, absent clinical follow-up documentation with objective functional improvement and the clinical rationale for continued Lunesta use, Lunesta 1 mg #60 is not medically necessary.