

<b>Case Number:</b>	CM15-0007904		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: 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 54 year old male with an industrial injury dated July 6, 2010. The injured worker diagnoses include chronic pain, lumbar radiculopathy, status post fusion of the lumbar spine x2, bilateral knee pain, left shoulder pain, headaches, cervicgia, depression and constipation. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 11/21/2014, the injured worker reported low back pain radiating to the bilateral lower extremities with associated numbness and tingling. The injured worker also reported frequent muscle weakness in the right lower extremity and frequent muscle spasm in the low back. The treating physician noted moderate distress and antalgic slow gait with the usage of a cane for ambulation. Lumbar exam revealed tenderness, spasms, decreased range of motion limited to pain, decreased sensation along the L5 in bilateral lower extremities, and positive straight leg raises on the right with radiculopathy. Lower extremity exam revealed tenderness to palpitation at the bilateral knees. The treating physician's treatment plan consists of home exercise therapy; electromyography/ nerve conduction studies of the lower extremities, urine drug screen, follow up and prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 49, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Anti-epileptic drugs ( AEDS) Page(s): 17-19.

**Decision rationale:** Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to his chronic low back condition. The documentation indicates that the claimant did not tolerate a trial of Neurontin. There is no documentation of any positive response to the medication. Medical necessity for the requested item is not established the requested medication is not medically necessary.

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities (BLE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 49, 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines: EMG.

**Decision rationale:** There is no documentation provided necessitating EMG testing of both lower extremities. According to the ODG, EMG (Electromyography) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, the enrollee has an established diagnosis of lumbar radiculopathy and is status post lumbar fusion x 2. There is no documentation indicating that the requested EMG study would change the present treatment plan. Medical necessity for the requested item has not been established, as guideline criteria have not been met. The requested item is not medically necessary.