

Case Number:	CM15-0106512		
Date Assigned:	06/10/2015	Date of Injury:	01/01/2015
Decision Date:	09/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male who sustained an industrial injury on 01/01/2015. Current diagnoses include lumbar radiculopathy and low back pain. Previous treatments included medications, cervical epidural injection, lumbar epidural steroid injection, trigger point injections to the cervical spine/trapezius muscles, physical therapy, and home exercise program. Initial injuries sustained included the pain in the neck and low back after slipping and falling. Report dated 05/11/2015 noted that the injured worker presented with complaints that included back pain with radiation to the legs. Pain level was 8 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings in the lumbar spine which included restricted range of motion, spasm and tenderness, positive lumbar facet loading on the right, and positive straight leg test on both sides. The treatment plan included requests for a lumbar spine MRI due to increasing bilateral radicular lower extremity pain and an EMG/NCS of the bilateral lower extremity to rule out lumbar radiculopathy due to objective findings of extremity sensory impairment and subjective symptoms of numbness and tingling, prescribed medications which included Ultram, Pamelor, Flexeril, Motrin, Prilosec, Salonpas, Colace, and Lidoderm patches, urine toxicology was performed, consideration for future physical therapy, acupuncture, and TENS unit, request for consultation with a psychologist, and return in 4 weeks. It was noted that the injured worker has had an EMG/NCS of the lower extremities on 07/29/2013 which was normal and an MRI of the lumbar spine on 02/12/2014 which showed mild degenerative change in the lower lumbar spine. Disputed treatments include EMG/NCS of

the bilateral lower extremity, MRI of the lumbar spine without contrast, TENS unit, Ultram, Lidoderm patches, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG (electromyography)/NCS (nerve conduction study) of the bilateral lower extremities: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies (EDS); EMGs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography).

Decision rationale: The patient presents with pain in the low radiating to the bilateral lower extremities with numbness and tingling. The request is for 1 EMG (ELECTROMYOGRAPHY)/NCS (NERVE CONDUCTION STUDY) FOR THE BILATERAL LOWER EXTREMITIES. Physical examination to the lumbar spine on 06/15/15 revealed tenderness to palpation to the paravertebral muscles bilaterally with spasm. Lumbar facet loading was positive on the right side. Sensation to light touch was decreased over the L-5 dermatome. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Patient's treatments have included image studies, medication, trigger point injections and epidural steroid injections with benefits. Per 06/08/15 progress report, patient's diagnosis includes lumbar radiculopathy and low back pain. Patient's medications, per 06/08/15 progress report include Colace, Cyclobenzaprine, Ibuprofen, Lidoderm Patch, Pamelor, Pepcid, Ultram and Neurontin. Patient's work status is modified duties. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)' states the following: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." The patient suffers from low back pain radiating into the bilateral lower extremities. Physical examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles bilaterally with spasm. Lumbar facet loading was positive on the right side and sensation to light touch was decreased over the L-5 dermatome. Given the patient's continuing radiating symptoms in the lower extremities, the request may be appropriate. However, ODG does not support NCV studies when the leg symptoms are presumed to be

coming from the spine. The treater does not raise any concerns for other issues such as plexopathies or peripheral neuropathies. Therefore, the request IS NOT medically necessary.

1 MRI of the lumbar spine without contrast: Upheld

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

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

Decision rationale: The patient presents with pain in the low radiating to the bilateral lower extremities with numbness and tingling. The request is for 1 MRI OF THE LUMBAR SPINE WITHOUT CONTRAST. Physical examination to the lumbar spine on 06/15/15 revealed tenderness to palpation to the paravertebral muscles bilaterally with spasm. Lumbar facet loading was positive on the right side. Sensation to light touch was decreased over the L-5 dermatome. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Patient's treatments have included image studies, medication, trigger point injections and epidural steroid injections with benefits. Per 06/08/15 progress report, patient's diagnosis includes lumbar radiculopathy and low back pain. Patient's medications, per 06/08/15 progress report include Colace, Cyclobenzaprine, Ibuprofen, Lidoderm Patch, Pamelor, Pepcid, Ultram and Neurontin. Patient's work status is modified duties. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: " Indications for imaging, Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. The treater has not specifically discussed this request. Patient's diagnosis per includes lumbar radiculopathy and continues to suffer with pain in the low back that radiates down to the bilateral lower extremities, Review of the medical records provided indicate that the patient has had MRI of the lumbar spine on 02/12/14. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

Decision rationale: The patient presents with pain in the low radiating to the bilateral lower extremities with numbness and tingling. The request is for 1 TENS UNIT. Physical examination to the lumbar spine on 06/15/15 revealed tenderness to palpation to the paravertebral muscles bilaterally with spasm. Lumbar facet loading was positive on the right side. Sensation to light touch was decreased over the L-5 dermatome. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Patient's treatments have included image studies, medication, trigger point injections and epidural steroid injections with benefits. Per 06/08/15 progress report, patient's diagnosis includes lumbar radiculopathy and low back pain. Patient's medications, per 06/08/15 progress report include Colace, Cyclobenzaprine, Ibuprofen, Lidoderm Patch, Pamelor, Pepcid, Ultram and Neurontin. Patient's work status is modified duties. For TENS unit, MTUS guidelines, on page 116 and Transcutaneous Electrotherapy section, require: (1) Documentation of pain of at least three months duration; (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage; (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that, There is evidence that other appropriate pain modalities have been tried (including medication) and failed. Also, the recommended trial period is for only 30 days. In progress report dated 06/23/15, treater is requesting a TENS unit to address pain complaints and avoid medication escalation. it is stated that the previous TENS unit was helpful and improved spasm but no longer is functional. It is not clear how long the patient has been utilizing a TENS unit and whether it is a rental or the patient owns it. The treater does not document specific increase in function and reduction in pain due to prior use and there is no treatment plan with short- and long-term goals. Therefore, the request for TENS unit purchase IS NOT medically necessary.

1 prescription for Ultram 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with pain in the low radiating to the bilateral lower extremities with numbness and tingling. The request is for 1 PRESCRIPTION FOR ULTRAM 50 MG #60. Physical examination to the lumbar spine on 06/15/15 revealed tenderness to palpation to the paravertebral muscles bilaterally with spasm. Lumbar facet loading was positive on the right side. Sensation to light touch was decreased over the L-5 dermatome. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Patient's treatments have included image studies, medication, trigger point injections and

epidural steroid injections with benefits. Per 06/08/15 progress report, patient's diagnosis includes lumbar radiculopathy and low back pain. Patient's medications, per 06/08/15 progress report include Colace, Cyclobenzaprine, Ibuprofen, Lidoderm Patch, Pamelor, Pepcid, Ultram and Neurontin. Patient's work status is modified duties. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited," MTUS p90, maximum dose for Hydrocodone, 60mg/day. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Patient has received prescriptions for Ultram from 03/09/15 through 06/23/15. In 06/15/15 progress report, it is stated that medications help reduce pain from 8/10 to 5/10. In the same report, treater also states, "Ultram improves his pain and allows him to increase his activity tolerance. He notes that he [patient] was able to walk further (20-30 minutes), improve ROM and driving tolerance, less pain with his cervical spine with using a table computer, and improvement in his upper extremity symptoms. He is also able to perform self-care, cook/warm things in the microwave, and perform light housekeeping." There are no adverse reaction and aberrant behavior and urine toxicology and CURES are current and consistent with patient's medications. Given the impact of Ultram on the 4As, including analgesia, ADLs, aberrant behavior, and adverse reaction, the request IS medically necessary.

1 prescription for Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 57.

Decision rationale: The patient presents with pain in the low radiating to the bilateral lower extremities with numbness and tingling. The request is for 1 PRESCRIPTION FOR LIDODERM PATCH 5% #30. Physical examination to the lumbar spine on 06/15/15 revealed tenderness to palpation to the paravertebral muscles bilaterally with spasm. Lumbar facet loading was positive on the right side. Sensation to light touch was decreased over the L-5 dermatome. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Patient's treatments have included image studies, medication, trigger point injections and epidural steroid injections with benefits. Per 06/08/15 progress report, patient's

diagnosis includes lumbar radiculopathy and low back pain. Patient's medications, per 06/08/15 progress report include Colace, Cyclobenzaprine, Ibuprofen, Lidoderm Patch, Pamelor, Pepcid, Ultram and Neurontin. Patient's work status is modified duties. MTUS guidelines page 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Lidoderm Patch has been included in patient's prescription from 04/06/15 through 06/23/15. In progress report dated 06/15/15, treater states, "he [patient] notes that these patches limit his dependence on Ultram medication and avoid medication escalation to alternative pain medications, like Norco." MTUS supports the use of Lidoderm patches for localized neuropathic peripheral pain and patient is diagnosed with lumbar radiculopathy and low back pain. ODG Guidelines requires documentation of the area for treatment, which the treater has not provided. Furthermore, there is no evidence of a trial of a first line therapy (tri-cyclic or SNRI anti-depressants or an AED), as required by guidelines. This request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

Decision rationale: The patient presents with pain in the low radiating to the bilateral lower extremities with numbness and tingling. The request is for 1 URINE DRUG SCREEN. Physical examination to the lumbar spine on 06/15/15 revealed tenderness to palpation to the paravertebral muscles bilaterally with spasm. Lumbar facet loading was positive on the right side. Sensation to light touch was decreased over the L-5 dermatome. Inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Patient's treatments have included image studies, medication, trigger point injections and epidural steroid injections with benefits. Per 06/08/15 progress report, patient's diagnosis includes lumbar radiculopathy and low back pain. Patient's medications, per 06/08/15 progress report include Colace, Cyclobenzaprine, Ibuprofen, Lidoderm Patch, Pamelor, Pepcid, Ultram and Neurontin. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, Pain chapter, Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory

testing should be for the questioned drugs only. The treater has not specifically addressed this request. Patient has been prescribed Ultram from 03/09/15 through 06/23/15 and a UDS would be reasonable for opioid compliance. However, the records indicate that a UDS was performed at every office visit, from 03/09/15 through 06/23/15. MTUS and ODG do not support periodic urine toxicology. Therefore, the request IS NOT medically necessary.