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| Case Number: | CM15-0139206 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 12/18/2014 |
| Decision Date: | 09/25/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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 40 year old male, who sustained an industrial injury on 12-18-2014 when he reported injuring his left lower back. The injured worker is currently working full duty. The injured worker is currently diagnosed as having lumbar spine herniated nucleus pulposus (levels shall be determined after review of the MRI), left leg radiculopathy, and facet syndrome. Treatment and diagnostics to date has included physical therapy, bracing, and medications. In a progress note dated 06-10-2015, the injured worker reported back pain and left leg pain with numbness and weakness. Typical pain level was rated as 6 to 9 out of 10 on the pain scale. Objective findings include pain to palpation over the L4-L5 and L5-S1 areas with palpable spasms noted, limited lumbar spine range of motion, slightly diminished sensation in the left S1, and positive straight leg raise test on the left side. The treating physician reported requesting authorization for Gabapentin, electromyography and nerve conduction velocity studies to bilateral lower extremities, and MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg Qty: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient was injured on 12/18/14 and presents with back pain and left leg pain with numbness/weakness. The request is for gabapentin 300 mg qty: 30 with 3 refills to reduce leg pain and radicular symptoms. The RFA is dated 06/10/15 and the patient is working full duty with no restrictions. There is no indication of when the patient began taking this medication. There is one progress report provided from 06/10/15. MTUS Guidelines, Gabapentin, pages 18 and 19 revealed the following: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain". MTUS page 60 also states, "A record of pain and function with the medication should be recorded", when medications are used for chronic pain. The patient has pain to palpation over the L4-L5 and L5-S1 areas with palpable spasms, limited lumbar spine range of motion, slightly diminished sensation in the left S1, and positive straight leg raise test on the left side. He is diagnosed with lumbar spine herniated nucleus pulposus (levels shall be determined after review of the MRI), left leg radiculopathy, and facet syndrome. On 06/10/15, he rated his pain as a 6-9/10. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The treater does not specifically discuss how Gabapentin impacted the patient's pain and function on the 06/10/15 report. Due to lack of documentation, the request is not medically necessary.

EMG/NCV for bilateral lower extremities secondary to lumbar spine: Overturned

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 was injured on 12/18/14 and presents with back pain and left leg pain with numbness/weakness. The request is for an EMG/NCV for bilateral lower extremities secondary to lumbar spine. The utilization review denial letter did not provide a rationale. The RFA is dated 06/10/15 and the patient is working full duty with no restrictions. There is one progress report provided from 06/10/15. Review of the reports provided does not indicate if the patient has had a prior EMG/NCV of the bilateral lower extremities. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter do not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist". The patient has pain to palpation over the L4-L5 and L5-S1 areas with palpable spasms, limited lumbar spine range of motion, slightly diminished sensation in the left S1, and positive straight leg raise test on the left side. He is diagnosed with lumbar spine herniated nucleus pulposus (levels shall be determined after review of the MRI), left leg radiculopathy, and facet syndrome. Treatment to date has included physical therapy, bracing, and medications. Given that the patient has not had a prior EMG/NCV of the bilateral lower extremities and continues to have low back pain, the requested EMG/NCV appears medically reasonable. The request is medically necessary.

MRI of the lumbar spine: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar & Thoracic) Chapter, under MRI.

Decision rationale: The patient was injured on 12/18/14 and presents with back pain and left leg pain with numbness/weakness. The request is for MRI of the lumbar spine to "evaluate disc herniation, nerve impingement, stenosis, annular tear, facet pathology, degenerative segments, and delineate anatomy in consideration for future selective spinal injections. The utilization review rationale is that "there is no evidence of a trial and failure of a reasonable course of conservative care." The RFA is dated 06/10/15 and the patient is working full duty with no restrictions. There is one progress report provided from 06/10/15. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". ODG Guidelines, Low Back (Lumbar & Thoracic) Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit". The patient has pain to palpation over the L4-L5 and L5-S1 areas with palpable spasms, limited lumbar spine range of motion, slightly diminished sensation in the left S1, and positive straight leg raise test on the left side. He is diagnosed with lumbar spine herniated nucleus pulposus (levels shall be determined after review of the MRI), left leg radiculopathy, and facet syndrome. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain, the requested MRI of the lumbar spine is medically necessary.