

<b>Case Number:</b>	CM15-0165606		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 7-1-2014. The current diagnoses are lumbago and long-term medication use. According to the progress report dated 7-1-2015, the injured worker complains of low back and right knee pain. It has been going on for three years. The pain will occasionally radiate down the right leg to the foot. The right leg tingles but there is no numbness. The pain is described as stabbing, aching, and constant. On a subjective pain scale, he rates his pain 2 out of 10 with medications and 4 out of 10 without. Per notes, he is able to cook, do laundry, garden, shop, bathe, dress, manage medications, and drive. The physical examination of the lumbar spine reveals tenderness over the midline and paraspinal muscles, slightly limited range of motion, and positive straight leg raise test. Examination of the right knee reveals tenderness over the medial and lateral joint line. He has painful varus stress, valgus stress, and pain with extension. The current medications are Norco. Treatment to date has included medication management, x-rays, physical therapy, MRI Studies, and 2 epidural steroid injections. Work status is described as regular work. MRI scan (unspecified date) showed "L5-S1 bulging onto the nerve root on the right". The original utilization review (7-24-2015) had non-certified a request for Norco, MRI lumbar spine, MRI right knee, EMG-NCS lumbar spine, EMG-NCS bilateral lower extremities, and retrospective psych testing, drug screen, and assay of urine creatinine (DOS: 7-1-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued: (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Norco 5/325mg #30 is medically necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. MRI lumbar spine is not medically necessary.

**MRI right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. Detailed evidence of severe

and/or progressive deficits has not been documented. MRI of the right knee is not medically necessary.

**EMG/NCS lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ([www.odg-twc.com](http://www.odg-twc.com)).

**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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** EMG/NCS of the lumbar spine are the same as for the lower extremities. According to the Official Disability Guidelines, nerve conduction 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". Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG/NCS lumbar spine are not medically necessary.

**EMG/NCS Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ([www.odg-twc.com](http://www.odg-twc.com)).

**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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction 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". Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG/NCS Bilateral Lower Extremities are not medically necessary.

**Retro: Psych testing (DOS 7-1-15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Retro: Psych testing (DOS 7-1-15) is not medically necessary.

**Retro: Drug screen (DOS 7-1-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retro: Drug screen (DOS 7-1-15) is not medically necessary.

**Retro: Assay of Urine Creatinine (DOS 7-1-15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Retro: Assay of Urine Creatinine (DOS 7-1-15) is not medically necessary.