MAXIMUS Federal Services

Case Number:	CM15-0180978		
Date Assigned:	09/22/2015	Date of Injury:	05/09/2012
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 a year old female who sustained an industrial injury on 05-09-2012. The injured worker was diagnosed with lumbar radiculopathy. According to the treating physician's progress report on August 11, 2015, the injured worker is experiencing an acute exacerbation of low back pain requiring a recent emergency room visit a for steroid injection (no date documented). At the office visit, the injured worker reported low back pain radiating to the left lower extremity associated with numbness and tingling with inability to feel her left foot. Examination demonstrated tenderness to palpation of the paraspinal muscles and spasm. Sensory was reduced in the bilateral feet. Range of motion was restricted with motor strength within normal limits bilaterally. Bilateral reflexes of the lower extremity were intact. Heel and toe walk were within normal limits bilaterally and sitting straight leg raise was positive bilaterally. The knees were non-tender with functional range of motion and bilateral negative anterior and posterior drawer tests and positive McMurray's bilaterally documented. Current medications were listed as Hydrocodone 5-325mg, Voltaren 10mg, Orphenadrine, Zolpidem and Omeprazole. The injured worker remains on permanent partial disability. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI), trial acupuncture therapy, continuing medication regimen, orthopedic consultation and on 08-11-2015, the provider requested authorization for bilateral knee magnetic resonance imaging (MRI), Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities and a urine drug screening. On 08-18-2015 the Utilization Review non-certified the request for bilateral knee magnetic resonance imaging (MRI) and partially certified the request

for urine drug screening to a random 10 panel urine drug screening for qualitative analysis with confirmatory laboratory testing on inconsistent results times 1 and modified the request for Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities to Electromyography (EMG) studies only of the bilateral lower extremities on 08-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC.

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 Pain: Diagnostic Consideration.

Decision rationale: EMG/NCS is not medically necessary. 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The enrollee has chronic pain confirmed by physical exam. The additional study is not medically necessary.

MRI Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Pain: Diagnostic Consideration: MRI.

Decision rationale: MRI of the bilateral knee is not medically necessary. The ODG 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 would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult for nerve impairment, the practitioner can discuss with a consultant the

indication of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). Presently his symptoms remain unchanged and there is no history of new trauma. There is no indication for additional studies; therefore, it is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: Urine drug screen is medically necessary and therefore UR decision should be reversed because the last urine drug screen was performed on 5/28/2013. MTUS guidelines suggest that all patient receiving opioids for chronic pain non-malignant pain should be tested twice yearly, once during January-June and another time July-December. Cautionary red flags of potential opioid abuse are if the patient has a history of alcohol or substance abuse, active alcohol or substance abuse, borderline personality disorder, mood disorders or psychotic disorders, non-return to work for over 6 months or poor response to opioids in the past. Cautionary red flags of addiction would include adverse consequences of decreased functioning, observed intoxication, negative affective state or any impaired control over medication used. If greater than six months has passed since the last urine drug screen then the claimant requires another per CA MTUS guidelines, given she is on long term opioids and has a history of depression.