

Case Number:	CM15-0034208		
Date Assigned:	03/02/2015	Date of Injury:	03/12/2011
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, 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 53-year-old male, who sustained an industrial injury on 03/12/2001. The diagnoses have included lumbosacral spondylosis without myelopathy and unspecified hereditary and idiopathic neuropathy. Noted treatments to date have included physical therapy and medications. No MRI report noted in received medical records. In a progress note dated 01/19/2015, the injured worker presented with complaints of lower back pain, which radiates down the left leg to knee area. The treating physician reported recommending an electromyography to determine if tingling in foot is caused by lumbar radiculopathy or caused by the effects from diabetes. Utilization Review determination on 02/02/2015 non-certified the request for Electromyography of Right Lower Extremity and modified the request for Morphine Sulfate 30mg #120 to Morphine Sulfate 30mg #22 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Morphine Sulfate 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Morphine sulfate 30 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; to enthesopathy hip region; carpal tunnel syndrome; localized osteoarthritis hand; osteoarthritis hand; thoracic or lumbosacral neuritis or radiculopathy; lumbar radiculopathy; unspecified hereditary and idiopathic peripheral neuropathy; degeneration lumbosacral intervertebral disc; acquired spondylolisthesis; congenital spondylosis lumbosacral region; an encounter the long-term use of other medications. The documentation demonstrates the injured worker receives 30 minutes of pain relief after Morphine sulfate 30 mg. There is no sustained pain relief associated with the opiate documented in the medical record. The failure to provide sustainable improvement in pain relief with objective functional improvement warrants discontinuation of Morphine sulfate 30 mg. The medical record does not contain evidence of objective functional improvement. Further examination of the utilization review indicates the treating physician was instructed to start weaning the injured worker on September 2014, October 2014, December 2014 and January 2015. There has been no significant weaning. Consequently, absent compelling clinical documentation with objective functional improvement, one prescription Morphine sulfate 30 mg #120 is not medically necessary.

One EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, one EMG right lower extremity is not medically necessary. 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; to enthesopathy hip region; carpal tunnel

syndrome; localized osteoarthritis hand; osteoarthritis hand; thoracic or lumbosacral neuritis or radiculopathy; lumbar radiculopathy; unspecified hereditary and idiopathic peripheral neuropathy; degeneration lumbosacral intervertebral disc; acquired spondylolisthesis; congenital spondylosis lumbosacral region; an encounter the long-term use of other medications. The treating physician requested an EMG of the right lower extremity to distinguish radicular pain from diabetic neuropathy. Subjectively, pain radiates down the left leg to the knee area. Objectively, or progress note dated January 19, 2015, there was no sensory deficit in either the right or left lower extremity in a glove and stocking distribution. Prior documentation indicates pain radiated to the left knee, but there were no symptoms distally (in a diabetic distribution). The past medical history does not specify diabetes mellitus. The injured worker is not taking any diabetes medications. Consequently, absent clinical documentation of subjective and objective distal neuropathy with no concurrent documentation of diabetes mellitus, EMG right lower extremity is not medically necessary.