

<b>Case Number:</b>	CM15-0050227		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 45 year old female who sustained an industrial injury to her lower back on September 20, 2012. The injured worker was diagnosed with lumbar spondylosis with myelopathy, displacement of lumbar intervertebral disc and postlaminectomy syndrome. The injured worker is status post L4-5 anterior and posterior decompression and fusion on December 5, 2012 and lumbar laminectomy, hardware removal, exploration and dural repair on May 29, 2014. Treatment to date has included trigger point injections, physical therapy, acupuncture therapy and medications. Recent diagnostic studies include a Computed Tomography (CT) myelogram in March 2014. According to the primary treating physician's progress report on January 15, 2015 the patient continues to experience low back pain. Examination of the lumbar spine demonstrated significant muscle spasm, myofascial trigger points, restricted range of motion with pain, positive straight leg raise on the right and decreased motor strength bilaterally. The injured worker was unable to cross right leg over left and a positive facet loading was noted. The injured worker ambulates with a cane. Current medications are listed as Norco, Lyrica, Ibuprofen and Neurontin. Treatment plan consists of the request for authorization for further diagnostic testing with Electromyography (EMG)/Nerve Conduction Velocity (NCV) bilateral lower extremities, lumbar Computed Tomography (CT) with and without contrast and lumbar Computed Tomography (CT) myelogram with and without contrast and to continue current medication regimen along with the request for Butrans Patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV 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 chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity.

**Decision rationale:** According to the CA MTUS/ACOEM and ODG, EMG (electromyography) and nerve conduction velocity (NCV) studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, the patient has clinical findings of radiculopathy. There have been two prior surgical procedures and conservative treatment with continuation of symptoms. There is no rationale indicating how the requested studies would significantly alter the current treatment plan. Medical necessity for the requested studies is not established. The requested studies are not medically necessary.

**CT lumbar with and w/o contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter, CT Myelography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT.

**Decision rationale:** According to the ODG magnetic resonance imaging (MRI) has largely replaced computed tomography (CT) scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The ODG states CT is recommended for thoracic spine trauma with equivocal or positive plain films, no neurological deficit; thoracic spine trauma with neurological deficit; lumbar spine trauma; myelopathy, and to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the patient has clinical radiculopathy despite two surgical procedures. The documentation indicates the patient underwent a lumbar fusion and continued to be symptomatic and had evidence of a CSF leak. She subsequently had lumbar surgery with hardware removal and dural repair. Post-operatively, there was no resolution of radicular complaints. There no documentation that MRI is unavailable or contraindicated given the hardware has been removed and there is no suspicion of a CSK leak. Medical necessity for the requested lumbar CT with and without contrast has not been established. The requested studies are not medically necessary.

**CT lumbar myelogram w/ and w/o contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter, CT Myelography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Myelography.

**Decision rationale:** Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI). Myelography and CT myelography are indicated if MRI is unavailable, contraindicated (eg, metallic foreign body), or inconclusive. There is no specific indication for CT Myelography as an MRI can be obtained. Medical necessity for the requested CT lumbar myelogram with and without contrast has not been established. The requested studies are not medically necessary.

**Butrans patch weekly, 10 MGCG/hr, 1 patch to skin, transdermal, every 7 days, 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine for chronic pain.

**Decision rationale:** Butrans (Buprenorphine) transdermal patches are used to treat moderate to severe chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no clear indication as to which provider is providing the narcotic prescriptions, as the patient was referred to a Pain Management specialist. There is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.