

<b>Case Number:</b>	CM14-0123270		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old male who had a work-related injury on 03/03/08. Mechanism of injury is not described. The injured worker had a laminectomy at L4-5, decompression at L3 through S1, and an L5-S1 fusion on 01/18/14. After the surgeries, he had pool therapy 4 times a week. The pool therapy was too painful, so he had to stop. He has not received any therapy since then. Most recent medical record submitted for review is dated 07/18/14. The injured worker returned for further evaluation and reported having experienced progressive weakness of his bilateral lower extremities. He has been experiencing intractable neck, upper and low back pain and says he been getting only partial relief with his current medication, though he has been able to perform activities of daily living well. He feels his current pain and discomfort is totally impacting his general activity and ability to work as he did previously, as well as disrupting his sleep, and is now totally impacting his enjoyment of life to include his ability to concentrate and interact with people. He remains depressed and rated his depression as a 10/10. He has been using a back brace as well as a cane and/or walker for ambulation due to losing his balance he has not been working. Physical examination revealed a bump on his mid forehead area calcified hematoma. Range of motion of the cervical and thoracic spine is moderately restricted in all planes, while the range of motion of the lumbar spine is moderately to markedly restricted in all planes on his examination. There were multiple myofascial trigger points and top bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles as well as in the gluteal muscles. Neck compression test was positive. Range of motion bilateral wrists was grossly within normal limits. Range of motion of bilateral knees right and left extension 120 degrees, flexion 110 degrees. McMurray's and Lachmans test were both positive bilaterally. Romberg's was negative. However, he could not perform tandem gait with his eyes open or close, and he could not perform heel to toe gait.

Sensation of fine test from pinprick was decreased in almost all digits of bilateral hands as well as the posterior and lateral aspect of the bilateral calves. Grip strength was decreased in the right and left hand at 4+/5. MRI of the cervical spine is 06/06/14 the C4-5 level shows dehiscence of the nucleus propolis with a 3mm upper protrusion of the nucleus propolis than at the anterior portion of the cervical subarachnoid space causing minimal decrease in the AP sagittal diameter. C5-6 level shows a 4.5mm upper protrusion of the nucleus propolis indenting the anterior portion of the cervical cord. At C6-7, a disc level shows a 5mm posterior protrusion of the nucleus propolis indenting the anterior portion of the cervical subarachnoid space indenting the anterior portion of the cervical cord. Diagnoses include chronic back syndrome with residual and intractable pain and numbness in bilateral lower extremities due to arachnoiditis, left C6-7 radiculopathy, chronic myofascial pain syndrome, cervicothoraco lumbar spine, chronic pain bilateral in knees, status post right total hip replacement in 03/14/1. In reviewing the medical records, there are no VAS scores with and without medication. There is no discussion or documentation of functional improvement. There is no documentation on the latest progress note indicating the patient has bilateral lower extremity weakness. Current request is for EMG in bilateral lower extremities due to progressive worsening of weakness of bilateral extremities, Hydrocodone 10/325mg #60 no refills, Gabapentin 600mg 1 tablet 3 times a day #120, home exercise program, and aquatic therapy times 12 visits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG of BLE due to progressive worsening of weakness of BLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation - Low Back Procedure Summary last updated 07/03/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Electromyography.

**Decision rationale:** The request for EMG of bilateral lower extremities due to progressive worsening of weakness of bilateral lower extremities is not medically necessary. The clinical documentation submitted for review does not support the request. The request is based on progressive weakness in the lower extremities, there is no documentation of progressive weakness in the clinical information submitted. Therefore, medical necessity is not medically necessary.

#### **Hydrocodone/APAP 10/325 mg x 60 no refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

**Gabapentin 600 mg 1 tab three times a day # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin cannot be recommended as medically necessary. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**HEP Aquatic therapy x 12 visit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22 of 127.

**Decision rationale:** As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The injured worker has had aquatic therapy in the past, he stated that it caused too much pain, and stopped going. Therefore, medical necessity has not been established.