

<b>Case Number:</b>	CM14-0138086		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Neurologist, has a subspecialty in Neuro-Oncology and is licensed to practice in Texas, Massachusetts and Oklahoma. 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 64-year-old male who reported an injury on 06/29/2009. The injury reported was when a palette hit the injured worker on the right side of his head. The diagnoses included shoulder region disorder, thoracic or lumbosacral neuritis or radiculitis sprain/strain of the knee and leg. The previous treatments included medication and physical therapy. Within the clinical note dated 07/17/2014, it was reported the injured worker complained of right knee pain with locking, popping, and instability. The injured worker complained of pain and swelling in the knee. He complained of lower back pain radiating into the lower extremities with numbness and weakness. On physical examination, the provider noted the injured worker had decreased range of motion with flexion and extension as well palpable crepitus and movement of the hardware with flexion and extension. The injured worker had spasms, tenderness, and guarding of the lumbar spine with decreased range of motion of flexion and extension. The injured worker had decreased sensation over the L5 dermatome bilaterally with pain. The provider requested Electrodiagnostic studies of the lower extremity to evaluate the cause of the paresthesia whether its entrapment neuropathy vs. radiculopathy vs. peripheral neuropathy, Norco for pain. Request for Authorization was provided and submitted on 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One electromyography (EMG) of the 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-Lumbar & Thoracic (acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines note an EMG study is useful to assess with the identification of neurological dysfunction in a patient with low back symptoms when examination findings are less clear. The guidelines recommend the documentation of failure of conservative care to alleviate symptoms. There is lack of documentation indicating the injured worker had undergone and failed conservative treatment. The provider failed to document if the injured worker had decreased motor strength. Therefore, the request is not medically necessary.

**Norco 5mg with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

