

<b>Case Number:</b>	CM15-0117313		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/12/2002
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Texas, Florida

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:

This 52-year-old male sustained an industrial injury on 7/12/02. He subsequently reported Diagnoses include left knee patellofemoral pain syndrome, sprain of neck, sprain of left knee, lumbar strain and left knee degenerative joint disease. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The 10/6/2009 MRI of the cervical spine showed multilevel facet hypertrophy, disc bulges and neural foramina stenosis. The epidural injections on 12/23/2014 resulted in reduction of VAS scores from 9/10 to 4/10. The injured worker continues to experience left knee, neck and low back pain. There were complaints of non dermatomal tingling in the upper and lower extremities. Upon examination, there is antalgic gait. Left knee reveals positive joint line tenderness and crepitus. Lumbar spine lateral tilt range of motion is limited with pain. Motor testing is 5/5 in all lower extremities. There was a recommendation for facet injections because the subjective complaints were not consistent with radiculopathy. The medications listed are Norco, Soma and topical analgesic products. A request for cervical MRI, lumbar MRI, EMG of the right lower extremity, NCV of the right lower extremity, EMG of the left lower extremity, NCV of the left lower extremity and Ondansetron medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 29, 165-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of radiculopathy and neurological deficits when the clinical findings and plain radiographs are inconclusive. The records indicate that the subjective and objective findings are not consistent with radiculopathy or neurological deficits. The subjective complaints of tingling was noted to be non dermatomal in distribution. The previous MRI reports did not indicate neurological deficits or the presence of a any red flag condition. The records indicate that the patient returned for treatment after a 1 year hiatus in 2014. The pain scores are consistently rated low following conservative treatment with medications and the last epidural injection. The criteria for MRI of the cervical spine were not met, therefore is not medically necessary.

**Lumbar MRI QTY: 1. 00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of lumbar radiculopathy and neurological deficits when the clinical findings and plain radiographs are inconclusive. The records indicate that the subjective and objective findings are not consistent with radiculopathy or neurological deficits. The subjective complaints of tingling was noted to be non-dermatomal in distribution. The previous MRI reports did not indicate neurological deficits or the presence of a any red flag condition. The records indicate that the patient returned for treatment after a 1 year hiatus in 2014. The pain scores are consistently rated low following conservative treatment with medications and the last epidural injection. The criteria for MRI of the lumbar spine were not met, therefore is not medically necessary.

**EMG of the right lower extremity QTY: 1. 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG can be utilized for the evaluation of radiculopathy and neurological deficits when the clinical findings

and plain radiographs are inconclusive. The records indicate that the subjective and objective findings are not consistent with radiculopathy or neurological deficits. The subjective complaints of tingling was noted to be non-dermatomal in distribution. The previous MRI reports did not indicate neurological deficits or the presence of a any red flag condition. The records indicate that the patient returned for treatment after a 1 year hiatus in 2014. The pain scores are consistently rated low following conservative treatment with medications and the last epidural injection. The criteria for EMG of the right lower extremity QTY 1 was not met, therefore is not medically necessary.

**NCV of the right lower extremity QTY: 1. 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NCV can be utilized for the evaluation of radiculopathy and neurological deficits when the clinical findings and plain radiographs are inconclusive. The records indicate that the subjective and objective findings are not consistent with radiculopathy or neurological deficits. The subjective complaints of tingling was noted to be non-dermatomal in distribution. The previous MRI reports did not indicate neurological deficits or the presence of a any red flag condition. The records indicate that the patient returned for treatment after a 1 year hiatus in 2014. The pain scores are consistently rated low following conservative treatment with medications and the last epidural injection. The criteria for right lower extremity QTY 1 NCV studies was not met, therefore is not medically necessary.

**EMG of the left lower extremity QTY: 1. 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG can be utilized for the evaluation of radiculopathy and neurological deficits when the clinical findings and plain radiographs are inconclusive. The records indicate that the subjective and objective findings are not consistent with radiculopathy or neurological deficits. The subjective complaints of tingling was noted to be non dermatomal in distribution. The previous MRI reports did not indicate neurological deficits or the presence of a any red flag condition. The records indicate that the patient returned for treatment after a 1 year hiatus in 2014. The pain scores are consistently rated low following conservative treatment with medications and the last epidural injection. The criteria for EMG of the left lower extremity QTY 1 was not met, therefore is not medically necessary.

**NCV of the left lower extremity QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NCV can be utilized for the evaluation of radiculopathy and neurological deficits when the clinical findings and plain radiographs are inconclusive. The records indicate that the subjective and objective findings are not consistent with radiculopathy or neurological deficits. The subjective complaints of tingling was noted to be non dermatomal in distribution. The previous MRI reports did not indicate neurological deficits or the presence of a any red flag condition. The records indicate that the patient returned for treatment after a 1 year hiatus in 2014. The pain scores are consistently rated low following conservative treatment with medications and the last epidural injection. The criteria for NCV of th eleft lower extremity QTY 1 was not met, therefore is not medically necessary.

**Ondansetron 4mg QTY 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-emetics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that ondansetron can be utilized for short term treatment of nausea and vomiting associated with chemotherapy, migraine and the perioperative period. The nausea and vomiting associated with chronic opioid medication is self limiting. The records did not show that the patient met the guidelines indication for the use of ondansetron. The use of QTY 30 of ondansetron had exceeded the maximum period of 1 week. The criteria for the use of ondansetron QTY #30 was not met, therefore is not medically necessary.