

<b>Case Number:</b>	CM15-0122312		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/31/2007
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male who sustained an industrial injury on 05/31/2007. The injured worker was diagnosed with discogenic back pain and lumbar radiculitis. The injured worker has a medical history of diabetes mellitus. Treatment to date has included diagnostic testing, physical therapy Interferential Stimulator (IF), cane and medications. According to the primary treating physician's progress report on May 19, 2105, the injured worker continues to experience low back, bilateral buttock and leg pain. Examination of the lumbar spine demonstrated spasms and decreased range of motion with flexion at 40 degrees and extension at 10 degrees. Straight leg raise was positive for back pain only. Ankle dorsi, plantar flexors, quadriceps and iliopsoas motor strength was noted at 5/5. The injured worker ambulates with a cane. Surgery was declined by the injured worker at this time. Current medications are listed as Tramadol and Neurontin. Treatment plan consists of continuing with Interferential Stimulator (IF) and supply of pads, walker, and the current request for Tramadol, Neurontin, Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities and a lumbar spine magnetic resonance imaging (MRI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral lower extremities:** Overturned

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

**Decision rationale:** The patient was injured on 05/31/07 and presents with back pain, bilateral buttock pain, and leg pain. The request is for an EMG/NCV OF THE BILATERAL LOWER EXTREMITIES "to see if there is any diabetic neuropathy." The utilization review denial rationale is that the documentation is not suggestive of radicular symptoms or other findings to suspect neurogenic abnormalities in two or more muscle groups. The RFA is dated 05/26/15 and the patient is permanent and stationary. There are no prior EMG/NCV studies provided for review. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The patient has spasm along his lumbar spine, a restricted lumbar spine range of motion, and a positive straight leg raise for back pain. He is diagnosed with lumbar radiculitis, discogenic back pain, and chronic back pain. Treatment to date includes diagnostic testing, physical therapy Interferential Stimulator (IF), cane, and medications. Given that the patient has not had a prior EMG/NCV of the bilateral lower extremities and continues to have low back pain, the requested EMG/NCV appears medically reasonable. The request is medically necessary.

**Tramadol 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78, 80, 81.

**Decision rationale:** The patient was injured on 05/31/07 and presents with back pain, bilateral buttock pain, and leg pain. The request is for TRAMADOL 50 MG #120. The RFA is dated 05/26/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 01/08/15 and treatment reports are provided from 11/13/14 to 06/17/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average

pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 02/17/15 report states that the patient wants something other than Tramadol because it keeps him up at night and makes him drowsy during the day. He has signed an opiate agreement. In this case, none of the 4As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales given nor are there any examples of ADLs which demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects (besides drowsiness) and no validated instruments are used either. The patient does have an opiate agreement on file. However, no outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol is not medically necessary.

**Neurontin 300mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

**Decision rationale:** The patient was injured on 05/31/07 and presents with back pain, bilateral buttock pain, and leg pain. The request is for NEURONTIN 300 MG #120. The RFA is dated 05/26/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 01/08/15. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has spasm along his lumbar spine, a restricted lumbar spine range of motion, and a positive straight leg raise for back pain. He is diagnosed with lumbar radiculitis, discogenic back pain, and chronic back pain. Treatment to date includes diagnostic testing, physical therapy Interferential Stimulator (IF), cane, and medications. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. None of the reports provided discuss how Neurontin has impacted the patient's pain and function. Due to lack of documentation, the requested Neurontin is not medically necessary.

**1 MRI of the lumbar spine:** 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.

**MAXIMUS 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 under MRI.

**Decision rationale:** The patient was injured on 05/31/07 and presents with back pain, bilateral buttock pain, and leg pain. The request is for a repeat MRI OF THE LUMBAR SPINE to see if there is any further progression of his disc protrusion and stenosis. The RFA is dated 05/26/15 and the patient is permanent and stationary. The patient has had a prior MRI of the lumbar spine; however, neither the date of the exam nor the results are provided. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has spasm along his lumbar spine, a restricted lumbar spine range of motion, and a positive straight leg raise for back pain. He is diagnosed with lumbar radiculitis, discogenic back pain, and chronic back pain. Treatment to date includes diagnostic testing, physical therapy Interferential Stimulator (IF), cane, and medications. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Although the treater would like an updated MRI of the lumbar spine to see if there is any further progression of his disc protrusion and stenosis, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine is not medically necessary.