

<b>Case Number:</b>	CM15-0128045		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2010. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve requests for tramadol (Ultram), MRI imaging of the lumbar spine, and electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an RFA form received on May 21, 2015 and an associated progress note of May 12, 2015 in its determination. The claims administrator noted that the attending provider's documentation was handwritten and difficult to follow, which, per the claims administrator, made it difficult to approve the request at hand. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 2, 2015, the applicant reported ongoing complaints of low back pain. The applicant's pain complaints were described as heightened. The applicant's functioning was described as diminished. The applicant was described as having ongoing issues of low back pain with associated right lower extremity radicular pain complaints. Ultram and Neurontin were renewed. The attending provider stated in one section of the note that the applicant was not working but, somewhat incongruously returned the applicant to regular duty work. The note comprised, in lesser part, of pre-printed checkboxes, with little in the way of narrative commentary. No seeming discussion of medication efficacy transpired on this date. In an RFA form dated May 12, 2015, Ultram, Neurontin, lumbar MRI imaging, and electrodiagnostic testing of bilateral lower extremities were proposed. In an associated handwritten progress note dated May 12, 2015, the applicant reported ongoing complaints of low back pain. Right lower extremity radicular pain complaints

were reportedly present. The note was difficult to follow. Loss of lumbar range of motion was appreciated. The applicant was working, it was suggested on this date. Lumbar MRI imaging and electrodiagnostic testing were sought to evaluate the applicant's radicular pain complaints. Little supporting rationale for the studies was furnished. The applicant was asked given refills of Ultram and Neurontin, seemingly without any discussion of medication efficacy. 6-7/10 low back complaints were reported.

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

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

**Ultram ER 150 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Ultram (Tramadol), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant had apparently returned to regular duty work, the May 12, 2015 progress note was thinly developed, difficult to follow, not entirely legible, did not outline whether or not ongoing usage of Tramadol (Ultram) had or had not proven beneficial. The applicant continued to report 6-7/10 pain complaints, it was noted on this date. An earlier note of April 2015 also suggested that the applicant's pain complaints were heightened on that date and that the applicant's functionality was correspondingly diminished. The attending provider's handwritten progress notes and lack of commentary regarding Ultram usage, thus, did not make a compelling case for continuation of the same, despite the applicant's seeming successful return to work. Therefore, the request was not medically necessary.

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Similarly, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The attending provider's May 12, 2015 progress note was thinly developed, sparse, not entirely legible, did not state how (or if) the proposed lumbar MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.

**EMG/NCV of the RLE and LLE: 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, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377.

**Decision rationale:** Finally, the request for electrodiagnostic testing of the right lower extremity and left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed not recommended for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant had longstanding, known, well-described complaints of low back pain radiating into the lower extremities, as reported on multiple office visits of mid-2015, referenced above. It was not clearly stated why EMG testing was sought when the applicant already had an established diagnosis of lumbar radiculopathy. Lumbar radiculopathy was listed amongst the list of diagnoses in the May 12, 2015 progress note in which the article in question was proposed. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies (AKA nerve conduction testing) are not recommended for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, the May 12, 2015 progress note did not uncover any suspicion of an entrapment neuropathy, tarsal tunnel syndrome, generalized peripheral neuropathy, diabetic neuropathy, etc. The sole item on the differential diagnosis list, by all accounts, appeared to be already-established lumbar radiculopathy. Therefore, the request was not medically necessary.