

<b>Case Number:</b>	CM15-0166265		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, Arizona

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 26 year old male, who sustained an industrial injury on 11-26-13. The injured worker was diagnosed as having lumbar radiculopathy. The physical exam (10-28-14 through 11-25-15) revealed a positive straight leg raise test bilaterally, "restricted" range of motion and tenderness and spasm in the lumbar spine. The QME dated 1-16-15, indicated that the injured worker had an EMG study on 2-4-14 and it was "negative of the bilateral lower extremities and low back". Treatment to date has included a lumbar MRI on 2-11-15 showing a 3mm focal central protrusion with partial annular tear at L5-S1 (but no encroachment on the S1 roots with patent neural foramen), Vicodin and physical therapy and acupuncture (number of sessions not provided). Current medications include Norco, Naproxen and Orphenadrine ER (since at least 10-28-14). As of the PR2 dated 7-15-15, the injured worker reports persistent back pain. Objective findings include a positive straight leg raise test bilaterally, "restricted" range of motion and tenderness and spasm in the lumbar spine. There is no documentation of current pain level or pain levels with and without medications. The treating physician requested a lumbar MRI, an EMG-NCV of the bilateral lower extremities, an orthopedic consultation with a spine specialist within the MPN and Orphenadrine ER 100mg #60 x 2 refills. On 7-15-15 the treating physician requested a Utilization Review for a lumbar MRI, an EMG-NCV of the bilateral lower extremities and an orthopedic consultation with a spine specialist within the MPN. The Utilization Review dated 7-27-15, non-certified the request for a lumbar MRI, an EMG-NCV of the bilateral lower extremities, an orthopedic consultation with a spine specialist within the MPN, modified the request for Orphenadrine ER 100mg #60 x 2 refills to Orphenadrine ER 100mg #60 x 0 refills and certified the request for Naproxen 550mg #30. The request for Norco 10-325mg #60 x 2 refill was conditionally non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Lumbar MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Within the submitted records, there is mention of worsening symptoms since last MRI 7 months ago, including worsening pain and numbness/tingling however, in review of physical examination dating back several months, the exam remains unchanged. Straight leg raise is positive but with grossly intact motor and sensory function. The need for an MRI without examination findings of progressive or significant neurological deficit remains unclear. At this time, the MRI lumbar spine request is not medically necessary.

**One EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, NCS/EMG.

**Decision rationale:** According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." Within the records submitted, there was no physical examination evidence of worsening neurological deficits dating back several months. There is grossly intact motor and strength, and 2014 MRI showed patent neural foramen. Previous NCS/EMG lower extremities was non-acute in 2014 as well. As such, this request is not medically necessary.

**One orthopedic consultation with a spine specialist within the MPN: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Referral.

**Decision rationale:** The CA MTUS and the cited ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The injured worker has worsening painful paresthesias per August 2015 PR-2 note. Given chronic pain that is worsening, failing medication management, additional expertise from a spine specialist would be reasonable and as such, this request is medically necessary.

**Orphenadrin ER 100mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Orphenadrine is a skeletal muscle relaxant and per MTUS, muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." There are no extenuating circumstances to warrant non-adherence to guidelines and promote long-term use of this agent. The efficacy of this agent does not appear significant based upon review of submitted records. The request as such, is not medically necessary.