

Case Number:	CM15-0172653		
Date Assigned:	09/14/2015	Date of Injury:	07/18/2005
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 7-18-05. The injured worker was diagnosed as having lumbar disc protrusion; lumbar radiculopathy; lumbar spinal stenosis. Treatment to date has included physical therapy; acupuncture; bilateral facet joint injections L4-5 (5-15-07); chiropractic therapy; medications. Diagnostics studies included MRI lumbar spine (2-23-15). Currently, the PR-2 notes dated 6-9-15 indicated the injured worker complains of constant 8 out of 10 low back pain radiating to the lower extremities with numbness and tingling in the legs per the providers documentation. Objective findings are documented as lumbar range of motion with flexion 20 degrees, extension 5 degrees, right lateral flexion 10 degrees, left lateral flexion 10 degrees. The provider reveals tenderness along the lumbar spine and tenderness and spasms along the paravertebral muscles of the lumbar spine bilaterally. PR-2 dated 2-19-15 indicated the injured worker's past medical history is positive for diabetes and high cholesterol which are controlled with medications. He has a surgical history of a cervical fusion on 12-6-2013. A MRI of the lumbar spine done 2-23-15 impression reveals: "1) L4-L5: There is a 2mm broad right foraminal protrusion with mild to moderate right neural foraminal stenosis. The central canal is mildly stenotic with the disc indenting the thecal sac. 2) L5-S1; There is a 3mm bulge with mild to moderate neural foraminal stenosis and mild central canal stenosis greater on the left. 3) L1-L2: There is a 3mm focal posterior protrusion with a 6mm upward subligamentous extrusion with mild central canal stenosis. The foramina are maintained. 4) L3-L4: There is a 1-2mm leftward bulge with slight left neural foraminal encroachment." Urine drug screening (dated 3-20-15; for collection) documents "Consistent:

Hydrocodone. Inconsistent: Meperidine, Tramadol, Oxazepam and Temazepam." Another urine drug screening was collected on 5-12-15 but not resulted. A PR-2 noted dated 5-5-14; a provider documents an EMG-NCV study of the lower extremities was completed revealing: "Electrodiagnostic studies revealed evidence of acute L5 radiculopathy on the right. Diagnostic impressions: 1) severe spinal stenosis, multilevel; 2) Facet arthropathy; and 3) L5-S1 retrolisthesis." The providers treatment plan includes a request for EMG-NCV studies of the lower extremities for confirm the presence of radiculopathy verses peripheral neuropathy. He would also like an orthopedic evaluation for the lumbar spine pain that is still pending. The patient was given a prescription for Norco 10-325mg #90 to be taken as needed for moderate to severe pain and Cyclobenzaprine 7.5mg #60 tablets to be taken as needed for muscle spasms, continue with home exercise program and return in 4-6 weeks. A PR-2 dated 5-12-15: The injured worker is complaining of constant 8-9 out of 10 low back pain radiating to the lower extremities with numbness and tingling in the legs per the provider's documentation. "The patient was given a prescription for Norco 10-325mg #90 to be taken as needed for moderate to severe pain and Cyclobenzaprine 7.5mg #60 tablets to be taken as needed for muscle spasms." A PR-2 dated 4-14-15: The injured worker reports a flare-up with continued complaints of constant low back pain rated at 9 out of 10 radiating to the lower extremities with numbness and tingling in the legs per the provider's documentation. "The patient was given a prescription for Norco 10-325mg #90 to be taken as needed for moderate to severe pain and Cyclobenzaprine 7.5mg #60 tablets to be taken as needed for muscle spasms." A PR-2 dated 3-18-15: The injured worker complained of constant low back pain rated as 8 out of 10 radiating to the lower extremities with numbness and tingling in the legs per the provider's documentation. "The patient was given a prescription for Norco 10-325mg #90 and Cyclobenzaprine 7.5mg #60 tablets to be taken as needed for muscle spasms and return in 4-6 weeks." A PR-2 dated 2-19-15: The injured worker complains of low back pain radiating to both legs and rates his pain as 8 out of 10 per the provider's documentation. The treatment plan included a box of Terocin Pain Patches #20 for topical analgesic medications for treatment of minor aches and muscle pain. He was also given Norco 10-325mg #90 and Cyclobenzaprine 7.5mg #60 tablets to be taken as directed and follow-up in 4-6 weeks. A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 8-20-15 and non-certification was for a Urine Drug Screen and an EMG/NCS of the lower extremities. Utilization Review denied the two requested services for not meeting the CA MTUS, OCOEM or ODG guidelines. The provider is requesting authorization of Urine Drug Screen and EMG/NCS of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

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): Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work injury occurring in July 2005 when he had back pain while lifting a metal pipe while working as a pipe fitter. His past medical history includes diabetes. An MRI of the lumbar spine in February 2015 included findings of multilevel disc bulging and protrusions with mild to moderate bilateral foraminal and mild canal stenosis. Urine drug screening in March 2015 was positive for hydrocodone, Meperidine, tramadol, and benzodiazepines. In May 2015 screening was positive for hydrocodone and tramadol. When seen, he was having constant back pain radiating into the lower extremities with numbness and tingling. Physical examination findings included lumbar spine tenderness with decreased range of motion and muscle spasms. Prior assessments reference decreased bilateral lower extremity sensation with positive straight leg raising and an antalgic gait. Electrodiagnostic testing was requested to confirm the presence of radiculopathy and to evaluate for a peripheral neuropathy. Urine drug screening was requested. Norco and cyclobenzaprine were being prescribed. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at high risk for addiction/aberrant behavior as the two prior urine drug screening results show medications not being prescribed by the requesting provider, including opioid medications. In this clinical scenario, frequent urine drug screening is recommended and is medically necessary with the expectation that the results will be used for further evaluation with respect to ongoing opioid management.

EMG/NCS of the lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2005 when he had back pain while lifting a metal pipe while working as a pipe fitter. His past medical history includes diabetes. An MRI of the lumbar spine in February 2015 included findings of multilevel disc bulging and protrusions with mild to moderate bilateral foraminal and mild canal stenosis. Urine drug screening in March 2015 was positive for hydrocodone, Meperidine, tramadol, and benzodiazepines. In May 2015 screening was positive for hydrocodone and tramadol. When seen, he was having constant back pain radiating into the lower extremities with numbness and tingling. Physical examination findings included lumbar spine tenderness with decreased range of motion and muscle spasms. Prior assessments reference decreased bilateral lower extremity sensation with positive straight leg raising and an antalgic gait. Electrodiagnostic testing was requested to confirm the presence of radiculopathy and to evaluate for a peripheral neuropathy. Urine drug screening was requested. Norco and cyclobenzaprine were being prescribed. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy and nerve conduction studies are

recommended to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case the claimant has a history of diabetes and findings of radiculopathy with bilateral foraminal stenosis at multiple levels and with varying degree of severity. Physical examination findings suggest diagnoses of radiculopathy and peripheral neuropathy. The rationale for the request is clearly stated. The requested EMG/NCS of the lower extremities is medically necessary.