

<b>Case Number:</b>	CM15-0177518		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 37 year old male who reported an industrial injury on 10-9-2014. His diagnoses, and or impressions, were noted to include lumbar herniated nucleus pulposus lumbar 4-5 & lumbar 5 - sacral 1, with bilateral lower extremity radiculopathy and spinal stenosis. Recent magnetic imaging studies of the left knee were done on 3-27-2015, noting findings negative for a surgical injury; one done on 11-17-2014 noting prominent disc extrusion with underlying disc bulge, moderate-severe left lateral recess stenosis, compression of left lumbosacral nerve roots and large lumbar 4-5 disc extrusion; and one done in 2010 (following a motor vehicle accident). His treatments were noted to include: chiropractic treatments with physical therapy modalities; neurosurgeon consultation; injection therapy; medication management; and rest from work before a return to restricted work duties. The progress notes of 8-13-2015 reported: that an agreed medical evaluation had been done the previous week concurring that electromyogram and nerve conduction velocity studies should be done; some limitation with sitting and that he was working with restrictions, driving a stick-shift truck and experiencing pain in the left low back that radiated down both legs-feet; and that the nerve studies had not been ordered. The objective findings were noted to include: no acute distress; no exhibition of pain amplification behavior; some guarding of motion of the lumbar spine, especially in extension and flexion; pain and tenderness in the left para-spinal musculature with lumbar forward flexion at 80 degrees; mild tenderness in the left sciatic notch; positive bilateral straight leg raise at 70 degrees; and decreased left knee and ankle deep tendon reflexes. The medication list include Norco, Tylenol#4, Prilosec, Flexeril and Meloxicam. The patient has had MRI of the lumbar spine on 11/17/14 and on 3/19/15 that

revealed disc protrusions, foraminal narrowing. Per the note dated 6/10/15 the patient had worsening of low back pain with radiculopathy. Per the note dated 9/30/15 the patient had complaints of low back pain with numbness and radiculopathy in both lower extremity at 7-9/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion and positive SLR. The patient's surgical history includes left ankle surgery.

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

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

#### **Electromyograph (EMG) and nerve conduction velocity (NCV) of the lumbar spine:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyography) and Nerve conduction studies (NCS).

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

**Decision rationale:** Electromyograph (EMG) and nerve conduction velocity (NCV) of the lumbar spine. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per the note dated 6/10/15 the patient had worsening of low back pain with radiculopathy. Per the note dated 9/30/15 the patient had complaints of low back pain with numbness and radiculopathy in both lower extremities at 7-9/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion and positive SLR. The patient has already had conservative treatment. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request of Electromyograph (EMG) and nerve conduction velocity (NCV) of the lumbar spine is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.

**Repeat lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15)MRIs (magnetic resonance imaging).

**Decision rationale:** Per the ACOEM low back guidelines cited "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ACOEM/MTUS guideline does not address a repeat MRI. Hence, ODG is used. Per ODG low back guidelines cited: Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI of the lumbar spine on 11/17/14 and on 3/19/15 that revealed disc protrusions, foraminal narrowing. Significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The patient did not have evidence of severe or progressive neurologic deficits that are specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT and chiropractic visits for this injury till date. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous conservative therapy visit notes were not specified in the records provided. The medical necessity of the Repeat lumbar MRI is not medically necessary for this patient.

**Meloxicam 7.5mg #60:** 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): Anti-inflammatory medications.

**Decision rationale:** Meloxicam belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain and is taking Meloxicam for this injury. His diagnoses, and or impressions, were noted to include lumbar herniated nucleus pulposus lumbar 4-5 & lumbar 5 - sacral 1, with bilateral lower extremity radiculopathy and spinal stenosis. The patient has had MRI of the lumbar spine on 11/17/14 and on 3/19/15 that revealed disc protrusions, foraminal narrowing. Per the note dated 6/10/15, the patient had worsening of low back pain with radiculopathy. Per the note dated 9/30/15, the patient had complaints of low back pain with numbness and radiculopathy in both lower extremity at 7-9/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion and positive SLR. The patient's surgical history include left ankle surgery. NSAIDS like Meloxicam are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Meloxicam 7.5mg #60 is deemed medically appropriate and necessary in this patient.