

<b>Case Number:</b>	CM15-0091581		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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:

Certification(s)/Specialty:

### 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 December 9, 2010. The injured worker was diagnosed as having low back pain, lumbago, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included TENS and medication. Currently, the injured worker complains of increasing low back pain with increased numbness and tingling and radicular symptoms down both his legs, more on the right. The Primary Treating Physician's report dated April 23, 2015, noted the injured worker reported his average pain was an 8/10 despite taking Oxycodone once a day, continuing to work full-time, struggling especially at the end of the workday. The injured worker's current medication was listed as Oxycodone. Physical examination was noted to show increased tenderness of the lumbar paraspinal muscles and positive bilateral leg lifts. The treatment plan was noted to include an increase in the Oxycodone, and a request for authorization for an electromyography (EMG)/nerve conduction velocity (NCV) for the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.

**EMG of the bilateral lower extremities:** 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- Treatment in Workers' Compensation, Low Back Procedure Summary Online Version last updated 04/29/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 8-8 page 182.

**Decision rationale:** According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection", however EMG/NCV studies are not indicated "for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent". From my review of the records it appears that both the history, physical exam and MRI findings indicate that the IW is experiencing radicular pain related to nerve root involvement, consequently according to the cited guidelines electrodiagnostic studies will not contribute to the differential diagnosis or alter treatment plan.

**NCV of the bilateral lower extremities:** 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- Treatment in Workers' Compensation, Low Back Procedure Summary Online Version last updated 04/29/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 8-8 page 182.

**Decision rationale:** According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before

epidural injection ", however EMG/NCV studies are not indicated "for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent." From my review of the records it appears that both the history, physical exam and MRI findings indicate that the IW is experiencing radicular pain related to nerve root involvement, consequently according to the cited guidelines electrodiagnostic studies will not contribute to the differential diagnosis or alter treatment plan.