

Case Number:	CM15-0093066		
Date Assigned:	05/19/2015	Date of Injury:	09/17/1999
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 9/17/99. He reported low back pain. The injured worker was diagnosed as having lumbar spine pain and degenerative disc disease of lumbar spine. Treatment to date has included lumbar fusion at L3-4, L4-5 and L5-S1 and hardware removal in 1999, physical therapy, home exercise program, oral medications including Norco and Paxil and TENS unit. Currently, the injured worker complains of constant, throbbing low back pain radiating down to right leg rated 6/10. He is currently working without restrictions. Physical exam noted non-antalgic gait with restricted range of motion and tenderness to palpation of paraspinal muscles. A request for authorization was submitted for follow up visit, (MRI) magnetic resonance imaging and X-ray of lumbar spine, (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies and urine for toxicology screen. Per the doctor's note dated 4/30/15 patient had complaints of low back pain at 9/10 with radiation of pain, numbness and tingling. Physical examination of the low back revealed positive stoop test, positive right sciatic nerve stretch test, positive heel walk, non-antalgic gait, and tenderness on palpation, limited range of motion and loss of sensation. The patient has had an EMG, X-ray and MRI of the low back in the past. Any diagnostic report was not specified in the records provided. The medication list includes Norco, Paxil and Naproxen. Any lab reports was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chapter: 8- Neck Page 177-178 and Chapter: 12 Back Page 303-304.

Decision rationale: EMG/NCV of the bilateral lower extremities: 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." The patient has had EMG, X-ray and MRI of the low back in the past. Any diagnostic report was not specified in the records provided. Rationale for repeating an EMG study report was not specified in the records provided. Any recent detailed physical examination of the lower extremities was not specified in the records. Detailed history and duration of signs /symptoms of the tingling and numbness was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for EMG/NCV of the bilateral lower extremities is not medically necessary for this patient.

UA toxicology screen, CBC, CRP, CPK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing -Routine Suggested Monitoring: page 70. Decision based on Non-MTUS Citation PubMed. The role of biomarkers in the management of patients with rheumatoid arthritis. Curr Rheumatol Rep. 2009;11(5):371. PubMed Rheumatoid arthritis: relation of serum C-reactive protein and erythrocyte sedimentation rates to radiographic changes. Br Med J. 1977; 1 (6055):195.

Decision rationale: UA toxicology screen, CBC, CRP, CPK: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument". Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. As per records provided medication lists includes Norco. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. ACOEM and ODG guideline do not specifically address this issue. Hence, other references were used. As per cited guideline "Assessment of disease activity and severity is currently based on a combination of clinical and laboratory parameters that aid treatment decisions. Use of biomarkers may provide a more accurate means of objectively assessing the disease." "Serum C reactive protein (CRP) levels and erythrocyte sedimentation rates (ESR) were measured in 56 patients". Radio graphical damage, based on a count of erosions, was significantly more likely to occur when serum CRP and ESR were persistently raised, irrespective of the presence or absence of rheumatoid factor. Measurements of both CRP and ESR were more helpful than either alone, but CRP was probably the more informative. A CRP would help to screen for the presence of a subtle sub clinical infection or other connective tissue disease. The medication list includes Norco, Paxil and Naproxen. Per the cited guidelines, "Routine Suggested Monitoring: Recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The CBC requested is helpful to monitor adverse effect of the medication- possible GI bleeding. A CPK (creatinine phospho kinase) level is medically appropriate and necessary in this patient to rule out any disorders that cause chronic inflammation of the muscles, which is another cause of chronic musculoskeletal pain. The request for UA toxicology screen, CBC, CRP, CPK is medically appropriate and necessary in this patient.