

Case Number:	CM15-0096771		
Date Assigned:	05/27/2015	Date of Injury:	07/04/1997
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 58-year-old female, who sustained an industrial injury on 7/04/1997. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago and lumbar post-laminectomy syndrome. Treatment to date has included an unspecified lumbar fusion, bilateral initial medial branch blocks L3-4, L4-5, and L5-S1 on 4/10/2014, and medications. Currently (4/08/2015), the injured worker reported doing well now and better than a few weeks prior. She had bent over and experienced severe back pain. It was now resolved and she was back to baseline. She hurt in her low back, with radiation down to the bottom of her foot, with left foot burning. Left sided pain was documented since her original injury. Her back pain was rated 7/10 with medications. She reported insomnia but denied fatigue. Current medication was documented as Motrin. The previous PR2 report (2/09/2015) also noted the use of Oxycodone and Norco. Exam of the head and neck noted tenderness and decreased range of motion. Exam of the upper extremities noted full strength and normal bulk and tone. Exam of the bilateral lower extremities noted full strength and normal bulk and tone. Tenderness was noted in the lumbar facet joints, along with decreased range of motion. The treatment plan included diagnostics, including electromyogram studies for the back and left leg, and medications, including Tizanidine. Her work status was noted as permanently disabled. Urine toxicology (10/20/2014) was inconsistent with prescribed medications. It was documented on 8/25/2014, that Gabapentin was minimally helpful for low back pain, shooting down to her left foot "feels like balls of fire."

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) for the low back and left leg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography) Chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)'.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 7/10 with medication. Has burning down legs to feet. The request is for ELECTROMYOGRAPH (EMG) FOR THE LOW BACK & LEFT LEG. The request for authorization is dated 04/17/15. Physical examination of the lumbar spine reveals tenderness and decreased range of motion. Patient's medications include Motrin, Norco, Oxycodone and Tizanidine. Per progress report dated 04/08/15, the patient is permanently disabled. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Per progress report dated 04/08/15, treater's reason for the request is "given weakness and new onset increase in burning of leg and foot." The patient continues with low back pain radiating to left leg. Given the patient's lower extremity symptoms, physical examination findings, and diagnoses, EMG studies would appear reasonable. There is no evidence that this patient has had prior lower extremity EMG studies done. Therefore, the request IS medically necessary.

Tizanidine 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available)

Page(s): 66, 60.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 7/10 with medication. The request is for TIZANIDINE 4MG #90. The request for authorization is dated 04/17/15. Physical examination of the lumbar spine reveals tenderness and decreased range of motion. Patient's medications include Motrin, Norco, Oxycodone and Tizanidine. Per progress report dated 04/08/15, the patient is permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain."MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not specifically discuss this medication. In this case, it appears the treater is initiating a prescription of Tizanidine. Since this is the initial prescription for Tizanidine, the treater has not had an opportunity to document its efficacy. Given the patient's ongoing symptoms, the request for Tizanidine appears reasonable. Therefore, the request IS medically necessary.