

<b>Case Number:</b>	CM13-0030330		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 33-year-old female who reported an injury on 09/12/2012. The mechanism of injury involved repetitive activity. The patient is diagnosed with lumbago and lumbar radiculitis. The patient was seen by [REDACTED] on 09/11/2013. The patient reported ongoing pain in the left lower extremity as well as the lower back. Current medications include Norco, Naproxen, Tizanidine, and muscle relaxants. Physical examination revealed significant tenderness to palpation in the lower lumbar spine, positive Kemp's testing, positive straight leg raising, positive Deyerle's sign, and diminished lumbar range of motion. The treatment recommendations included prescriptions for Cyclobenzaprine, Naproxen, Tramadol ER, Flector patch, compounded creams, an MRI of the lumbar spine, an EMG/NCV study of the bilateral lower extremities, acupuncture therapy, an interferential stimulator unit for 5 months, and a urine sample as well as DNA testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAM (EMG) OF THE LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, positive straight leg raising and Kemp's testing, and decreased range of motion. There was no documentation of decreased sensation or lower extremity weakness. The patient is currently pending an MRI of the lumbar spine. Based on the clinical information received, the request is non-certified.

**NERVE CONDUCTION VELOCITY (NCV) OF THE LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, positive straight leg raising, and Kemp's testing, and decreased range of motion. There was no documentation of decreased sensation or lower extremity weakness. The patient is currently pending an MRI of the lumbar spine. Based on the clinical information received, the request is non-certified.

**12 SESSIONS OF ACUPUNCTURE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Therefore, the current request for 12 sessions of acupuncture therapy exceeds guideline recommendations. As such, the request is non-certified.

**URINE ANALYSIS (UA):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 43,77,89

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 1 year ago to date, and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

**DNA TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

**Decision rationale:** California MTUS Guidelines state cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The medical rationale for the requested service was not provided. As guidelines do not recommend DNA testing, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**CYCLOBENZAPRINE TABLETS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**TRAMADOL CAPSULES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report persistent pain. There is also no documentation of a failure to respond to non-opioid analgesics. Furthermore, the current request does not state the specific quantity, frequency, or dosage. Based on the clinical information received, the request is non-certified.

**LUMBAR MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, positive straight leg raising, and slightly diminished range of motion. There was no documentation of a significant musculoskeletal or neurological deficit. There is also no evidence of an exhaustion of conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

**INTERFERENTIAL (IF) UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment. Guidelines further state, if the device is to be used, a 1 month trial should be initiated. There is also no documentation of a treatment plan with the specific short and long-term goals of treatment with the unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**CAPSAICIN/FLUBIPROFEN/TRAMADOL COMPOUNDED CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is Diclofenac. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**FLUBIPROFEN/TRAMADOL COMPOUNDED CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is Diclofenac. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.