

<b>Case Number:</b>	CM13-0044572		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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:

This case involves a 56-year-old female, with a date of injury on 9/1/10. The initial complaints from the injury involved the lower back, bilateral shoulders, and bilateral wrists. The most recent medical office visit for review was with [REDACTED] dated 9/13/13. At that visit, the mechanism of injury was documented as the claimant apparently tripped over a curb and fell forward. She placed her hands out and scraped her palms and knees and abdominal area. There was significant documentation regarding the bilateral shoulders, wrists, and cervical and lumbar spine from the visit with [REDACTED] on 9/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** THE MTUS/ACOEM Guidelines indicate that electromyography (EMG) is recommended as an option to identify subtle focal neurologic dysfunction after one (1) month of conservative therapy; however, EMG is not necessary if radiculopathy is already clinically

obvious. It appears on review of this case that the claimant has already been approved for a diagnostic MRI of the lumbar spine. It would appear that this clinical testing would be appropriate to determine if there is any neurologic impingement. Thereby, the medical necessity for electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities would not be warranted in this case since an MRI is being obtained.

**Nerve Conduction Velocity (NCV) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter low back: NCV.

**Decision rationale:** The Official Disability Guidelines indicate that nerve conduction velocity (NCV) is not recommended. The Guidelines also indicate that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The claimant is having an MRI of the lumbar spine as diagnostic evaluation for neurologic impingement. It would appear that this clinical testing would be appropriate and thereby, the medical necessity for NCV of the lower extremities would not be warranted in this case since an MRI is being obtained.

**Physiotherapy three (3) times a week for six (6) weeks for the cervical/lumbar spine:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Guidelines indicate that physical medicine may be recommended in certain situations. It appears based on the report that physical therapy has been provided for this claimant since the initial date of injury on separate occasions. There is lack of documentation whether there was any subjective or objective improvement following this physical therapy treatment. The date of injury was approximately 9/1/10, almost three (3) years to this point. As stated in the guidelines, therapy can be helpful for short term relief in the "early phases of pain treatment." There is no clear clinical evidence of significant deficits or significant exacerbation of symptomatology which would warrant further physical therapy in this case.

**Retrospective request for Naproxen Sodium 550mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, and Anti-inflammatory medications Page(s): 66,22.

**Decision rationale:** The Chronic Pain Guidelines indicate that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines also indicate that anti-inflammatory medications 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. With regard to the request for naproxen sodium, it does appear that the claimant has ongoing symptomatology that would likely benefit from the above noted medication. It appears reasonable to proceed with three (3) months of therapy for the anti-inflammatory, Naproxen. This medication should likely be approved for an approximately three (3) month time period, with further documentation of benefit from the medications themselves as well as documentation of compliance.

**Retrospective request for Omeprazole 20mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The Chronic Pain Guidelines indicate that clinicians should weight the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. The clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID, such as NSAID plus a low-dose aspirin. With regard to the medication request, it does appear that the claimant has ongoing symptomatology that would likely benefit from the above-noted medication. It appears reasonable to proceed with three (3) months of therapy for the use of Omeprazole secondary to the claimant's gastrointestinal symptomatology. This medication should likely be approved for an approximately three (3) month time period with further documentation of benefit from the medications themselves as well as documentation of compliance.

**Retrospective request for Tramadol 150mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** The Chronic Pain Guidelines indicate that Tramadol (Ultram<sup>®</sup>) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. With regard to the medication request, it does appear that the claimant has ongoing

symptomatology that would likely benefit from the above-noted medication. It appears reasonable to proceed with three (3) months of therapy for the use of Tramadol for pain purposes. This medication should likely be approved for an approximately three (3) month time period with further documentation of benefit from the medications themselves as well as documentation of compliance, particularly with usage of Tramadol.

**Retrospective request for Cyclobenzaprine 7.5mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The Chronic Pain Guidelines indicate that cyclobenzaprine is recommended as an option, using a short course of therapy. With regard to the medication request, it does appear that the claimant has ongoing symptomatology that would likely benefit from the above-noted medication. It appears reasonable to proceed with three (3) months of therapy for Cyclobenzaprine for the purposes of muscle relaxant. This medication should likely be approved for an approximately three (3) month time period with further documentation of benefit from the medications themselves as well as documentation of compliance.