

<b>Case Number:</b>	CM13-0057797		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, wrist, hand, and upper extremity pain reportedly associated with an industrial injury of April 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a utilization review report of November 20, 2013, the claims administrator denied a request for a brain MRI, denied a request for electrodiagnostic testing of upper extremities, partially certified Lortab for weaning purposes, partially certified Naprosyn, approved Protonix and partially certified cyclobenzaprine, reportedly for short-term use purposes. The applicant's attorney subsequently appealed. A December 17, 2013 progress note is notable for comments that the applicant's going usage of medications facilitates maintenance of activities of daily living such as light household duties, grocery shopping, grooming, and cooking. The applicant reports pain ranging from 5-9/10 without medications and 4-5/10 with medications. The applicant has GI upset with Protonix, it is stated. Flexeril is being employed for muscle spasm purposes. A 60-day trial of a TENS unit is apparently being sought. It is stated that the applicant has unchanged neurologic exam with positive straight leg raising about the upper extremities. Permanent work restrictions are again apparently renewed. An October 22, 2013 progress note is again notable for comments that usage of analgesic medications has resulted in a drop in pain level and that the applicant's ability to perform exercises and other activities of daily living has been ameliorated as a result of the same. The applicant is able to perform grocery shopping, grooming, and very simple household duties as a result of the same, it is stated. Limited cervical and lumbar ranges of motion are noted secondary to pain. Diminished sensorium is noted about the left upper extremity with left upper strength ranging from 4 to 4+/5. Electrodiagnostic testing of the upper

extremity is sought owing to progressive neurologic deficits about the left upper extremity. An MRI of the brain is also sought to further evaluate the applicant's headache. Epidural steroid injection therapy is also sought. On October 1, 2013, the applicant was again described as exhibiting persistent neck pain with left upper extremity symptoms and increasing headache. 4 to 4+/5 of left upper extremity strength noted with diminished sensorium noted about the same. A brain MRI imaging and electrodiagnostic testing were also sought at that point.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF THE BRAIN: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR) Practice Guidelines for the Performance and Interpretation of MRI of the Brain.

**Decision rationale:** The MTUS does not address the topic. As noted by the American College of Radiology (ACR) indications for MRI of the brain include, but are not limited to, evaluation of seizures, cranial nerve dysfunction, diplopia, ataxia, headache, mental status changes, trauma, neoplasm, etc. In this case, the applicant has longstanding issues with worsening headaches described on multiple office visits interspersed throughout mid to late 2013, referenced above. MRI imaging to further evaluate the same is indicated, appropriate, and supported by the American College of Radiology (ACR). Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

#### **ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8 does state that EMG testing to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection is "recommended," in this case, however, all the applicant's symptoms are confined to the symptomatic left upper extremity. While the applicant does have signs of progressively worsening cervical radiculopathy pertaining to the left upper extremity, there is no mention of any issues, signs, symptoms pertaining to the unaffected, contralateral right upper extremity. Since partial certifications are not permissible through the independent medical review process, the request is wholly not certified although, it is

incidentally noted that documentation on file would have supported EMG testing of the symptomatic and impacted left upper extremity.

**NERVE CONDUCTION VELOCITY TEST OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** While page 178 of the MTUS-adopted ACOEM Guidelines does support EMG and NCV testing to help identify "subtle, focal neurologic dysfunction" in applicants with persistent neck or arm symptoms which last greater than three to four weeks, in this case, however, as with the EMG portion of the request, the applicant's symptoms are entirely confined to the symptomatic left upper extremity. There is no mention of active issues or symptoms pertaining to the asymptomatic, un-impacted right upper extremity. Therefore, testing of the asymptomatic right upper extremity cannot be supported. Since partial certification is not permissible through the independent medical review process, the request is wholly not certified although, as noted with the EMG portion of the request, the documentation on file would seemingly have supported NCV testing of the symptomatic left upper extremity.

**HYDROCODONE 7.5/650MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, it appears that two of the three aforementioned criteria have been met. While it is not clearly stated that the applicant returned to work, the applicant does report appropriate reduction in pain scores from 7-9/10 to 4-5/10 as a result of ongoing opioid usage. The applicant is reportedly able to perform activities of daily living, including grooming, bathing, grocery shopping, preparing food, disposing of trash, etc. as a result of ongoing opioid usage. Since two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met, the request is certified.

**NAPROSYN 550MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Continuing the same, on balance, is therefore indicated and appropriate, particularly if the applicant is reporting appropriate analgesia and improved performance of activities of daily living as a result of the same. Accordingly, the request is likewise certified.

**CYCLOBENZAPRINE 7.5MG #90:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other analgesic and adjuvant medications, including Naprosyn and Lortab. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on independent medical review.