

<b>Case Number:</b>	CM13-0062223		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	08/15/2001
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 patient is a 38-year-old male who has submitted a claim for adjustment disorder, chronic low back pain syndrome, right shoulder internal derangement, and right wrist pain, associated with an industrial injury date of August 15, 2001. Medical records from 2007-2014 were reviewed. The patient complained of pain at the low back, radiating to the right leg associated with tingling sensation; worsened by standing, sitting, pushing, pulling, and lifting more than ten (10) pounds. The patient likewise complained of neck and right shoulder pain radiating to the arm, associated with tingling sensation. The right knee pain was described as throbbing in sensation. The intake of medications did not provide relief of symptoms. A physical examination of the lumbosacral spine revealed tenderness and restricted range of motion. The bilateral straight leg raise test was positive at 70 degrees, with low back pain and ipsilateral lower extremity pain. The objective findings of the right shoulder included tenderness, restricted and painful range of motion, positive Apley's scratch and Codman's drop arm tests. An inspection showed slight downsloping, with minimal winging of the right periscapular region. The Hawkins and Neer's tests were equivocal. The Tennis elbow test, Tinel's sign, and Finkelstein's test were negative. The Jamar hand dynamometer results showed a grip strength of 58/58/58 kg at the right; 62/62/60 at the left. The patient is right-hand dominant. The sensation was slightly diminished at the thumb and 2nd digit of the right hand. Atrophy was not observed. The Phalen's test was positive at the right. A physical examination of the right knee revealed patellar tracking and retropatellar crepitus. The McMurray's and Apley's tests were equivocal. The range of motion revealed extension at 0 degree, and flexion at 140 degrees. The reflexes and vascular exam were normal. An MRI of the right shoulder, dated 02/05/2003, revealed no evidence of right rotator cuff tear. Hill-Sachs deformity and a torn anterior glenoid labrum were noted. An MRI of the lumbar spine, dated 02/05/2003, revealed multi-level disc protrusion with evidence of mild left-

sided neuroforaminal encroachment. An MRI of the right knee, dated 02/05/2003, revealed partial longitudinal tear of the ACL, greatest at the tibial insertion. An electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities, dated 09/12/2003, revealed normal results. An EMG of the left upper extremity in 2004 revealed median nerve compromise at the wrist. The treatment to date has included physical therapy, chiropractic care, acupuncture, and medications such as Soma, capsaicin gel, Vicodin, and Zantac. The utilization review from November 27, 2013, denied the requests for an MRI of the lumbar spine, right knee, right shoulder, EMG/NCV of the upper extremities, and nerve conduction study (NCS) of the bilateral lower extremities, because there was no significant measurable change in patient's symptoms to warrant its use. The request for EMG of bilateral lower extremities was certified. The request for extra strength Tylenol was modified in #118 for trial use. The request for capsaicin cream was certified, because the patient did not exhaust all other treatment options. Lastly, the request for referral to orthopedic specialist was denied, because the recent examination findings did not show unequivocal evidence of a lesion, which may benefit from surgical intervention.

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

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

#### **ONE (1) MRI OF THE LUMBAR SPINE: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommends an MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least one (1) month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of persistent low back pain, radiating to the right leg associated with a tingling sensation, despite conservative care. This was corroborated by physical examination findings of tenderness, restricted and painful range of motion, with positive bilateral straight leg raise test at 70 degrees. The patient underwent an MRI of the lumbar spine, dated 02/05/2003, revealing multi-level disc protrusion with evidence of mild left-sided neuroforaminal encroachment. The documented rationale for a repeat MRI is to assess the status of neuroforamina, IV discs and or spinal nerve roots in consideration of right lower extremity radiculopathy. Of note, an MRI was accomplished on 11/25/2013 revealing multi-level disc protrusion, bilateral neural foraminal narrowing and encroachment of L4 exiting nerve roots. Guideline criteria were met. Therefore, the request is medically necessary.

#### **ONE (1) MRI OF THE RIGHT KNEE: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, MRI.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that an MRI is recommended for an unstable knee, with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of anterior cruciate ligament (ACL) tear preoperatively. In addition, the Official Disability Guidelines criteria include significant trauma to the knee, suspect dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, the patient complained of persistent right knee pain described as throbbing in sensation despite conservative care. This was corroborated by physical examination findings of patellar tracking and retropatellar crepitus. The McMurray's and Apley's tests were equivocal. The range of motion revealed extension at 0 degree, and flexion at 140 degrees. An MRI of the right knee, dated 02/05/2003, revealed partial longitudinal tear of the ACL, greatest at the tibial insertion. The documented rationale for a repeat MRI is to determine soft tissue conditions of the joint that contribute to chronic pain. The guideline criteria were met. Therefore, the request is medically necessary.

#### **ONE (1) MRI OF THE RIGHT SHOULDER:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** The MTUS/ACOEM Guidelines support the ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, the patient complained of persistent right shoulder pain radiating to the arm, associated with tingling sensation, despite conservative care. This was corroborated by objective findings of tenderness, restricted and painful range of motion, positive Apley's scratch and Codman's drop arm tests. An inspection showed slight downsloping with minimal winging of the right periscapular region. The Hawkin's and Neer's tests were equivocal. An MRI of the right shoulder, dated 02/05/2003, revealed no evidence of right rotator cuff tear. Hill-Sach's deformity and a torn anterior glenoid labrum were noted. The documented rationale for a repeat MRI is to determine soft tissue conditions of the joint that contribute to chronic pain. Of note, an MRI was accomplished on 11/25/2013, revealing partial thickness tears of the distal infraspinatus and subscapularis tendons; supraspinatus,

subscapularis, and infraspinatus tendinosis. The guideline criteria were met. Therefore, the request is medically necessary.

**ONE (1) ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 11 (Forearm, Wrist and Hand Complaints (2007), page 261. Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2007, Chapter 8, Neck and Upper Back Complaints, page 537.

**Decision rationale:** The ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient complained of persistent neck and right shoulder pain radiating to the arm, associated with tingling sensation to the right wrist, despite conservative care. This was corroborated by dysesthesia, positive Phalen's test, and weaker grip strength at the right. Atrophy was not observed. The medical necessity for an EMG at the right upper extremity was established. However, the request also included testing of the left upper extremity. There were no noted subjective complaints or objective findings pertaining to it. Of note, an EMG of the left upper extremity in 2004 revealed median nerve compromise at the wrist. There is no compelling rationale for a repeat left upper extremity EMG at this time. Therefore, the request is not medically necessary.

**ONE (1) NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

**Decision rationale:** The MTUS/ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. In this case, the patient complained of persistent neck and right shoulder pain radiating to the arm, associated with tingling sensation to the right wrist, despite conservative care. This was corroborated by dysesthesia, positive Phalen's test, and weaker grip strength at the right. Atrophy was not observed. The medical necessity for an electromyography (EMG) at the right upper extremity was established. However, the request

also included testing of the left upper extremity. There were no noted subjective complaints or objective findings pertaining to it. Of note, an EMG of the left upper extremity in 2004 revealed median nerve compromise at the wrist. There is no compelling rationale for a repeat left upper extremity nerve conduction study (NCS) at this time. Therefore, the request is not medically necessary.

**ONE (1) NERVE CONDUCTION STUDY (NCS) 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient complained of persistent pain at the low back, radiating to the right leg associated with tingling sensation. On physical examination, bilateral straight leg raise test at 70 degrees was positive. Motor strength for bilateral lower extremities was graded 4/5. Reflexes were normal. An electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities, dated 09/12/2003, revealed normal results. The presence of radiculopathy at the left lower extremity is questionable, due to the absence of subjective complaints, hence, a nerve conduction study (NCS) is a reasonable option. However, the request also included testing of the right lower extremity; the signs and symptoms strongly indicated radiculopathy. As stated above, a NCS is not recommended if the presence of radiculopathy is highly considered. Based on the aforementioned reasons, the request is not medically necessary.

**ONE (1) ELECTROMYOGRAPHY (EMG) 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The MTUS/ACOEM Guidelines support the use of an electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four (3-4) weeks. In this case, the patient complained of persistent pain at the low back, radiating to the right leg associated with tingling sensation. On physical examination, bilateral straight leg raise test at 70 degrees was positive. Motor strength for

bilateral lower extremities was graded 4/5. Reflexes were normal. An electromyography/nerve conduction velocity (EMG/NCV) of bilateral lower extremities, dated 09/12/2003, revealed normal results. Focal neurologic deficit is present at the right, hence, an EMG may be a reasonable option. However, the request also included testing of the left lower extremity. There are no documented subjective complaints pertaining to it, hence, an EMG is not justified. Based on the aforementioned reasons, the request is not medically necessary.

**UNKNOWN PRESCRIPTION OF EXTRA STRENGTH TYLENOL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that acetaminophen is indicated for the treatment of chronic pain and acute exacerbations of chronic pain. For chronic low back pain, both acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) have been recommended as a first- line therapy. There is insufficient evidence to recommend one (1) medication over the other. In this case, the patient has persistent cervical and lumbar pain despite conservative care, including intake of opioids and muscle relaxant. A prescription of acetaminophen may be a reasonable option. However, the request failed to specify the dosage, frequency of intake, and quantity to be dispensed. The request is incomplete; therefore, the request is not medically necessary.

**ONE (1) PRESCRIPTION OF CAPSAICIN CREAM 0.025% 60 GRAMS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28-29.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with chronic non-specific back pain. In this case, the patient has persistent cervical and lumbar pain despite conservative care, including intake of opioids and muscle relaxant. However, the patient has been using capsaicin since November 2013 and recent progress reports cited that the medications failed to provide symptom relief. There is no compelling rationale for continuing use of capsaicin. Therefore, the request is not medically necessary.

**ONE (1) REFERRAL TO AN ORTHOPEDIC SPECIALIST WITHIN THE MPN REGARDING THE RIGHT SHOULDER AND RIGHT KNEE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 209-210,334. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 13 (Knee Complaints) (2004), page 334.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The ACOEM Guidelines indicate that occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of pain at the right shoulder, described as tingling sensation; and right knee pain, described as throbbing in sensation. Symptoms persisted despite conservative care, including the intake of medications and physical therapy. This resulted to difficulty in standing, pushing, pulling, and lifting objects more than ten (10) pounds. The objective findings of the right shoulder included tenderness, restricted and painful range of motion, positive Apley's scratch and Codman's drop arm tests. Inspection showed slight downsloping with minimal winging of the right periscapular region. On the other hand, physical examination of the right knee revealed patellar tracking, retropatellar crepitus, and equivocal McMurray's and Apley's tests. The presentation at the right shoulder is corroborated by an MRI accomplished on 11/25/2013, revealing partial thickness tears of the distal infraspinatus and subscapularis tendons; supraspinatus, subscapularis, and infraspinatus tendinosis. A referral to a specialist is reasonable at this time. Therefore, the request for is medically necessary.