

Case Number:	CM13-0067375		
Date Assigned:	01/03/2014	Date of Injury:	09/25/2012
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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:

Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; transfer of care to and from various providers in various specialties; electrodiagnostic testing of January 3, 2014, interpreted as a mildly abnormal EMG (electromyography) of the right and left C6 through C8 paraspinal muscles, suggestive of a cervical radiculopathy versus a peripheral nerve dysfunction; and extensive periods of time off of work. In a utilization review report of November 26, 2013, the claims administrator denied a request for electrodiagnostic testing of the upper extremities, electrodiagnostic testing of the lower extremities, lumbar spine, pneumatic traction unit, Naprosyn, Flexeril and orthopedic reevaluation, and a neurology consultation. The denial was apparently predicated, in large part, on the fact that the attending provider did not furnish a completed progress note. A January 3, 2014 electrodiagnostic testing of the upper extremities is notable for mildly abnormal EMG of the right and left C6 through C8 paraspinal muscles, suggestive of mild cervical radiculopathy versus peripheral nerve dysfunction. Also reviewed is a doctor's first report (DFR) dated October 31, 2013, in which the patient transfers care to a new primary treating provider (PTP). The patient presents with neck pain, upper and lower back pain, shoulder pain, upper extremity pain, headaches, difficulty sleeping, and fibromyalgia. The patient exhibits antalgic gait and unspecified decreased duplexes. A positive Spurling maneuver is noted. An orthopedic evaluation, medication, neurology evaluation, lumbar MRI, electrodiagnostic testing, and home traction unit are endorsed while the patient is apparently placed off of work. The new primary treating provider (PTP) writes that a comprehensive report will follow. This was not, however, enclosed.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ELECTROMYOGRAPHY (EMG) OF THE UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 192.

Decision rationale: While the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines do note that EMG testing to clarify diagnosis of suspected nerve root dysfunction is "recommended" in cases of suspected disk herniation preoperatively or before an epidural steroid injection, in this case, however, it was not clearly stated that the patient was actively considering or contemplating cervical epidural steroid injection therapy and/or cervical spine surgery. No narrative commentary was provided or attached to the request for authorization or application for independent medical review. It was not clearly stated what (if any) diagnostic testing had previously transpired over the life of the claim. As further noted in the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, EMG testing for diagnosis of nerve root involvement is "not recommended" if findings of history, physical exam, and/or imaging study are consistent. In this case, again, it was not clearly stated what treatments and/or diagnostic testing had previously transpired. If the diagnosis of cervical radiculopathy had already been conclusively established, then, by definition, electrodiagnostic testing of the upper extremity was superfluous. The request for an EMG of the upper extremities is not medically necessary or appropriate.

AN EMG OF THE LOWER EXTREMITIES: 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): 309.

Decision rationale: As noted in the Low Back Complaints Chapter of the ACOEM Practice Guidelines, EMG testing for diagnosis of clinically obvious radiculopathy is "not recommended." In this case, as with the upper extremity EMG and NCS (nerve conduction study) testing, the attending provider did not clearly state what treatment and/or diagnostic testing had previously transpired. Little or narrative commentary was provided. It is unknown whether (or if) the patient has had prior MRI and/or electrodiagnostic testing, which definitively established the diagnosis of lumbar radiculopathy. The request for an EMG of the lower extremities is not medically necessary or appropriate.

AN MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those patient's who do not respond to treatment and who would consider a surgical option were it offered to them. In this case, however, it is not clearly stated or suggested that the patient is a surgical candidate insofar as the lumbar spine is considered. It is not clearly stated that the patient is actively considering or contemplating lumbar spine surgery. There was no evidence of neurologic compromise clearly appreciated on the sole office visit provided. The request for an MRI of the Lumbar region is not medically necessary or appropriate.

A PNEUMATIC HOME TRACTION UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 309.

Decision rationale: As noted in the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, traction is "not recommended." Similarly, the Low Back Complaints Chapter of the ACOEM Practice Guidelines, likewise states that the traction is "not recommended" for issues pertaining to the lumbar spine. In this case, the attending provider has not finished any compelling narrative or rationale to the request for authorization or application for independent medical review so as to try and offset the unfavorable ACOEM Guidelines recommendations. The request for a pneumatic home traction unit is not medically necessary or appropriate.

NAPROXEN 550 MG, 60 COUNT: 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, Chapter 8 Neck and Upper Back Complaints Page(s): 181, 308.

Decision rationale: As noted in the Low Back Complaints Chapter of the ACOEM Practice Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) such as Naprosyn are "recommended" for low back pain. Similarly, the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines likewise notes that NSAID such as Naprosyn are "recommended" for issues pertaining to the neck and upper back pain. In this case, the patient has lumbar spine and cervical spine complaints. It is unclear whether these are acute onset,

chronic, or function of cumulative trauma. Again, little or no commentary is provided. Nevertheless, the request was seemingly initiated on the patient's first visit with the new primary treating provider (PTP). A trial of Naprosyn is indicated, and supported by ACOEM Guidelines. The request for Naproxen 550 MG, 60 count, is medically necessary and appropriate.

CYCLOBENZAPRINE 7.5 MG, 60 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 47, 49.

Decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, muscle relaxants such as cyclobenzaprine are "not recommended." The ACOEM Guidelines further states that using muscle relaxants in combination with NSAIDs has "no demonstrated benefit." While the ACOEM Guidelines does support some limited role for muscle relaxants as anti-spasmodics, in this case, however, the sparse documentation on file does not establish the presence of any issues with muscle spasm. The request for Cyclobenzaprine 7.5 mg, 60 count, is not medically necessary or appropriate.

ORTHOPEDIC RE-EVALUATION WITHIN SIX WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 303.

Decision rationale: As noted in the Low Back Complaints Chapter and the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, the frequency of followup visits should be dictated by an patient's work status. In this case, the patient is apparently off of work. The patient does not, based on limited information on file, appear to have returned to her usual and customary work at the [REDACTED]. The patient is still symptomatic insofar as the cervical and lumbar spines are concerned. A follow-up visit is indicated, for all of the stated reasons. The request for an orthopedic re-evaluation within six weeks is medically necessary and appropriate.

A NEUROLOGY CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 188, 315.

Decision rationale: While the Low Back Complaints Chapter and the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, both support seeking consultation in patient's who have proven recalcitrant to conservative treatment and who have further questions about their diagnosis, in this case, however, there is no evidence that either scenario is in fact the case. There is no evidence that the patient's issues have proven recalcitrant to conservative treatment, nor there is evidence that the patient in fact has questions about her diagnosis. Again, only one sparse progress note was provided for review. The request for a neurology consultation is not medically necessary or appropriate.