

Case Number:	CM13-0070748		
Date Assigned:	04/11/2014	Date of Injury:	03/16/2011
Decision Date:	05/28/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 43-year-old female who reported injury on 03/16/2011. The specific mechanism of injury was not provided. The injured worker was prescribed NSAIDS in 2011 and antidepressants are documented as of 07/2013. The MRI of 09/30/2013 revealed that L4-5 there is moderate bilateral stenosis of the lateral recesses causing the compounding effects of 4 to 5mm posterior disc protrusion and opposing mild to moderate bilateral ligamentous thickening and facet arthropathy. There is associated potential that exists for symptomatic impingement upon the descending left and right L5 nerve roots in their respective lateral recesses. There is a contained annulus tear oriented transversely at L4 through L5 posterior disc margin representing additional pathomechanical basis for low back pain. Documentation of 12/09/2013 revealed the injured worker was utilizing Naprosyn for the pain the neck and low back. The injured worker indicated the medication allowed her to have increased activities of daily living and she was exercising on a bike and it allows her to exercise on a bike and perform daily stretching and walking. The injured worker was taking Cymbalta 40 mg daily and noticing less anxiety and frustration. The injured worker denied side effects. The injured worker completed physical therapy and chiropractic treatment times 6 treatments in 05/2013 for an exacerbation of the neck pain. The injured worker tried Neurontin and felt no energy, a choking sensation and was very sleepy. Physical examination revealed the straight leg raise sign was positive on the right at 60 degrees. The injured worker had decreased sensation to light touch in the right L5 distribution. The individual muscle testing was 5/5 throughout. The diagnoses include musculoligamentous sprain/strain of the lumbar spine with radiculopathy exacerbation, 4 to 5 mm HNP at L4 through L5 with potential impingement of L5 nerve roots bilaterally, musculoligamentous sprain/strain of the cervical spine with right C5 through C6 radiculopathy by NCS/EMG 11/16/2011, cervicogenic headaches, carpal and cubital tunnel syndrome right greater than left and

complications of an epidural steroid injection. The treatment recommendations included an orthopedic consultation for treatment recommendations of the HNL L4 through L5 by MRI 09/30/2013, NCS/EMG of the bilateral lower extremities to document the degree of the right L5 radiculopathy, Naprosyn 550 mg twice a day as needed pain, and Cymbalta 40 mg for the musculoskeletal pain and depression due to pain as well as yoga, stretching exercises and water exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 40 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain; Low Back Pain: Chronic; Radiculo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The injured worker was noted to be utilizing the medication since 07/2013. The request as submitted failed to indicate the frequency and the quantity being requested. Given the above, the request for Cymbalta 40 mg is not medically necessary.

NAPROSYN 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; Nonselective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67.

Decision rationale: California MTUS Guidelines recommend NSAIDS for the short term treatment of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had documentation of an objective increase in function. The injured worker was utilizing the medication since 2011. The submitted request failed to indicate the quantity and frequency being requested. There was a lack of documentation of an objective decrease in pain. Given the above, the request for Naprosyn 550 mg is not medically necessary.

NCS (NERVE CONDUCTION STUDY) OF THE RIGHT LOWER EXTREMITY: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, NCS

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the injured worker had presumed radiculopathy. The injured worker was noted to have a prior EMG/NCV in 2011. The official findings were not provided for review. There was no documentation of examinations prior to 2013 to indicate the injured worker's symptoms or objective findings had changed to support the need for a new study. Given the above, the request for an NCS of the right lower extremity is not medically necessary.

NCS (NERVE CONDUCTION STUDY) OF THE LEFT LOWER EXTREMITY: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, NCS

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the injured worker had presumed radiculopathy. The injured worker was noted to have a prior EMG/NCV in 2011. The official findings were not provided for review. There was no documentation of examinations prior to 2013 to indicate the injured worker's symptoms or objective findings had changed to support the need for a new study. Given the above, the request for NCS of the left lower extremity is not medically necessary.

EMG (ELECTROMYOGRAPHY) OF THE LEFT LOWER EXTREMITY: Upheld

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

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

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back

symptoms lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker had presumed radiculopathy. The injured worker was noted to have a prior EMG/NCV in 2011. The official findings were not provided for review. There was no documentation of examinations prior to 2013 to indicate the injured worker's symptoms or objective findings had changed to support the need for a new study. Given the above, the request for EMG of the left lower extremity is not medically necessary.

EMG (ELECTROMYOGRAPHY) OF THE RIGHT LOWER EXTREMITY: Upheld

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

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

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker had findings on the right lower extremity. The clinical documentation submitted for review indicated the injured worker had presumed radiculopathy. The injured worker was noted to have a prior EMG/NCV in 2011. The official findings were not provided for review. There was no documentation of examinations prior to 2013 to indicate the injured worker's symptoms or objective findings had changed to support the need for a new study. Given the above, the request for an EMG of the right lower extremity is not medically necessary.