

<b>Case Number:</b>	CM14-0002380		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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:

Injured worker is a male with date of injury 2/18/2010. Per primary treating physician's progress report, the injured worker complains of constant and persistent lower back pain that he states is worsening with radiation down the right lower extremity with weakness. He states he does not have as much strength in the right leg as he did before. He has difficulty with prolonged walking and prolonged standing. He feels a little weak and unstable. The medication he is taking is Tramadol which does reduce his pain as it is at 8/10 before the medication and 4/10 after the medication. On exam there is decreased range of motion with flexion at 15 degrees, extension at 20 degrees, left lateral flexion 25 degrees, but right lateral flexion was only 15 degrees. He does have tenderness on palpation to the paraspinal muscles, right greater than left with the positive Kemp test on the right. Positive straight leg raise test, right greater than left, at 50 degrees to posterior thigh on right and 60 degrees to posterior thigh on the left. The strength was decreased on the right with 4/5 at nerve roots L4, L5, and S1 as well as decreased sensation on the right to 4/5 for L4, L5, and S1. The left was normal for strength and sensation at all nerve roots L4, L5, and S1. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendons. Diagnoses include 1) cervical spine stenosis 2) cervical degenerative disc disease 3) cervical disc bulge at C4-C5 (1 mm), C5-C6 (1-2 mm) 4) lumbar spine stenosis 5) lumbar degenerative disc disease 6) lumbar disc bulge at L2-L3 (2 mm), L3-L4 (4 mm) and L4-L5 (3 mm) 7) bilateral shoulder tendinitis 8) right shoulder impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ACOEM LOW BACK CHAPTER, LOW BACK COMPLAINTS, LUMBAR SPINE BRACE,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The requesting physician recommends the use of a back brack due to increased weakness and instability. Per the ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker complains of increased weakness and instability, but the clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The lumbar spine brace is being prescribed to improve support and keep the injured worker at work with the same restrictions. The guidelines do not indicate that the use of a lumbar spine brace would improve function. Therefore, the request for lumbar spine brace is determined to not be medically necessary.

**EMG BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK COMPLAINTS CHAPTER, ELECTROMYOGRAPHY (EMG),

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

**Decision rationale:** The injured worker has MRI verified lumbar disc pathology and radicular symptoms. Per the ACOEM guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who already has identified pathology. The request for EMG bilateral lower extremities is determined to not be medically necessary

**NCV BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK COMPLAINTS CHAPTER, NERVE CONDUCTION STUDIES (NCS),

**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) section

**Decision rationale:** The injured worker has MRI verified lumbar disc pathology and radicular symptoms. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for NCV bilateral lower extremities is determined to not be medically necessary.

**FLEXERIL 10MG #60:** 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 Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine section, Muscle Relaxants (for pain).

**Decision rationale:** The requesting physician reports that the injured worker will continue Tramadol for pain, and Flexeril will be added for his muscle spasms due to the increased weakness on the right lower extremity and complaining of muscle spasms on the right greater than the left. The requesting physician also reports that the use of Flexeril will help the injured worker get a better night's sleep. The Flexeril is prescribed to be taken every 6-8 hours as needed for spasms. Clinical documentation reports that the injured worker has worsening of his back pain, but the use of Tramadol remains effective for pain control. Cyclobenzaprine is recommended by the MTUS guidelines for short periods with acute exacerbations, but not for chronic or extended use. The guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. This prescription is for 60 tablets, which if even taken at its maximum frequency would be 15 days of treatment. The request for Flexeril 10 mg #60 is determined to not be medically necessary.

**LUMBAR FACET INJECTIONS BILATERALLY AT L4-L5 AND L5-S1 AND POSSIBLY AT L3-L4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK COMPLAINTS CHAPTER,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The requesting physician reports that MRI of the lumbar spine reveals a 3 mm posterior disc protrusion at L5-S1 with degenerative facet disease and mild to moderate left neuroforaminal narrowing with mild central canal stenosis and minimal right neuroforaminal narrowing. There is also a 2 mm posterior disc protrusion at L4-L5 with mild to moderate central canal stenosis as well and there is a 3 mm posterior disc protrusion at L3-L4 with degenerative facet disease and moderate central canal stenosis, and a 2 mm posterior disc protrusion at L2-L3 with mild to moderate central canal stenosis. The injured worker has been seen by a spine surgeon who is recommending lumbar facet injections bilaterally at L4-L5 and L5-S1 and

possibly at L3-L4. This request was partially certified by the claims administrator for lumbar facet injections bilaterally at L4-L5 and L5-S1. Per the ACOEM guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The request for lumbar facet injections bilaterally at L4-L5 and L5-S1 and possibly L3-L4 is determined to not be medically necessary.