MAXIMUS Federal Services

Case Number:	CM14-0125980		
Date Assigned:	08/13/2014	Date of Injury:	09/26/2013
Decision Date:	11/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with a date of injury of September 26, 2013. A utilization review determination dated July 17, 2014 recommended non-certification of Cyclobenzaprine 5mg #90, Electromyography (EMG) for lower extremities, Nerve Conduction Velocity (NCV) for lower extremities, and NIOSH (National Institute for Occupational Safety and Health). A progress note dated June 20, 2014 identifies subjective complaints of lumbar spine pain rated at a 8/10, right hip pain rated at a 8/10, right knee pain rated at a 5/10, right ankle pain rated at a 5/10, right foot pain rated at a 6/10, and right heel pain rated at a 6/10. The patient reports radiating pain to bilateral lower extremities, decreased pain with pain medications, increased pain with prolonged sitting/standing, left knee is locking, and the patient has difficulty with stairs. Physical examination identifies a positive straight leg raise, flexion of the lumbar spine is limited due to pain, and there is tenderness to palpation of the lumbar paravertebral muscles. The diagnoses include lumbar disc protrusion/AT/NFN, right hip sprain/strain, right knee bursitis, right ankle tenosynovitis, and right heel degeneration. The treatment plan recommends EMG/NCV, pain management consultation, acupuncture two times per week for four weeks, referral to an orthopedist and podiatrist, urine drug screen, and NIOSH. The following medications were prescribed: Menthoderm gel 360g, Cyclobenzaprine 5mg #90, Naproxen 550mg #60, and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine 5mg #90, the Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd-line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 5mg #90 is not medically necessary.

Electromyography (EMG) Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: Regarding the request for electromyography (EMG) of the lower extremities, the ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no specific physical examination findings of nerve compromise. Additionally, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested electromyography (EMG) of the lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines ,Low back chapter

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

Decision rationale: Regarding the request for nerve conduction velocity (NCV) of the lower extremities, the ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no specific physical examination findings of nerve compromise. Additionally, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested nerve conduction velocity (NCV) of the lower extremities is not medically necessary.

NIOSH (National Institute for Occupational Safety and Health): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines, fitness for duty chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding the request for NIOSH (National Institute for Occupational Safety and Health), the ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there have been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested NIOSH (National Institute for Occupational Safety and Health) is not medically necessary.