

Case Number:	CM14-0158972		
Date Assigned:	10/30/2014	Date of Injury:	05/04/2012
Decision Date:	12/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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 65-year-old female patient who reported an industrial injury on 5/4/2012, 2 years ago, attributed to the performance of her usual and customary job tasks. The patient was documented to be complaining of increasing lower back pain and shoulder pain. The patient was reported to have chronic neuro- musculoskeletal complaints and internal medicine issues. The objective findings on examination included tenderness to palpation of the lumbar spine and bilateral shoulders with spasms. The MRI of the cervical spine was documented to demonstrate evidence of disc desiccation from C2-T1 with associated loss of disc height at C5-C6 and C6-C7, reversal of the normal cervical lordosis from C2-C3 down to C6-C7; C5-C6 disc bulge measuring 3 mm posteriorly which causes bilateral neuroforaminal narrowing in spinal canal narrowing, a C6-C7 disc bulge measuring to millimeter posteriorly which causes neural foraminal narrowing in spinal canal narrowing. The MRI of the right shoulder documented evidence of moderate impingement syndrome, fluid in the glenohumeral joint space, subdeltoid space fluid, and tendinosis of rotator cuff with small tear. The MRI of the left wrist documented evidence of moderate osteonecrosis of the navicular and lunate, bony eburnation of the base of the first metacarpal bone indicative of osteoarthritis and a tear of the fibrocartilage of the triangular ligament. Electrodiagnostic studies dated 9/15/2012, of the bilateral upper extremities documented evidence of right greater than left moderate sub-acute and chronic radiculopathy and right greater than left neuropathy mild to moderate at the level the risk consistent with carpal tunnel syndrome. The treatment plan included physical therapy; NSAID; muscle relaxants; and opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxant pain Page(s): 128, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain; muscle relaxants; Cyclobenzaprine.

Decision rationale: The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are muscle spasms documented by the requesting provider while treating chronic pain attributed to the effects of the industrial injury. The patient is prescribed Tizanidine 4 mg #30 on a routine basis for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. The patient is prescribed Zanaflex for muscle spasms to the lower back. The CA MTUS does recommend Tizanidine 4 mg #30 for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic pain. Therefore, this request is not medically necessary.

EMG/NCV study of BUE: 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, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261,303,301, 298, 43, 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS

Decision rationale: The request for the authorization of the repeated EMG/NCS of the BUE is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective

findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered due to reported subjective complaints without objective findings on examination. There are only symptoms with objective findings documented for the left upper extremity and no symptoms documented for the right upper extremity. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the Electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested BUE EMG/NCS screening examination. The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There is no documented change in clinical status or progressive radiculopathy or neuropathy. There is no rationale supported with objective evidence to support the medical necessity of a repeated Electrodiagnostic study to the bilateral upper extremities. There are subjective findings; however, there are no significant neurological deficits documented that require Electrodiagnostic studies. The Electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. There is no medical necessity for the requested repeated Electrodiagnostic studies for the evaluation of the patient at this time prior to the provision of conservative treatment. The current clinical objective findings did not demonstrate a significant change in the clinical status of the patient as to nerve entrapment neuropathies and there was not rationale for the requested Electrodiagnostic study other than to "rule out" a nerve compression neuropathy or a nerve root impingement neuropathy with a screening study. There were no documented clinical changes or objective findings to support the medical necessity of a BUE EMG/NCS study. The EMG/NCS would only be necessary to evaluate for the medical necessity of surgical intervention for moderate to severe symptoms with objective findings documented on examination. The criteria recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the use of Electrodiagnostic studies for the BUEs were not documented by the requesting provider. There was no demonstrated objective evidence, such as, a neurological deficit or change in status is that supports the authorization of EMG/NCS studies. There is no demonstrated medical necessity for a repeated Electrodiagnostic studies directed to bilateral upper extremity radiculopathies or peripheral neuropathies based on the objective findings documented. Therefore, this request is not medically necessary.