

<b>Case Number:</b>	CM14-0026689		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, 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:

The patient is a 50-year-old who was injured on March 15, 2004. The mechanism of injury is unknown. Prior medication history as of October 24, 2013 included Tramadol, Naproxen, omeprazole, Soma. Her medications as of September 13, 2013 included Norco, Anaprox, and Cymbalta. Prior treatment history has included acupuncture for her right elbow and physical therapy. MRI of the lumbar spine dated September 27, 2012 revealed spondylotic changes. There is a 1-2 mm posterior disc bulge at L1-2 without evidence of canal stenosis or neural foraminal narrowing. At L3-4, there is a posterior annular tear intervertebral disc with accompanying 2-3 mm posterior disc bulge resulting in mild left neural foraminal narrowing and facet joint hypertrophy. There is also a 2 mm posterior disc bulge at L5-S1 without evidence of canal stenosis or neural foraminal narrowing. Ortho note dated January 23, 2014 indicated the patient complained of pain in the right shoulder and cervical spine which she rated as an 8/10. It is constant, achy, tingling and numb in nature. Objective findings on exam revealed cervical spine range of motion is about 50% of full with pain at all endpoints. The right shoulder revealed positive Neer's, positive 90 degrees cross over impingement test, positive Apley's, positive Hawkins and weak abduction against resistance. Flexion is 100/180 degrees; extension is 25/50 degrees; adduction is 45/50 degrees; internal rotation is 90/90 degrees and external rotation is 50/90 degrees. She does have pain with all motion. Diagnoses are multilevel cervical spine disc bulges; right shoulder impingement, status post left shoulder arthroscopy; right subacromial/subdeltoid bursitis; right bicipital tendinitis; and multilevel lumbar spine disc bulge with annular tear. Prior utilization review dated February 14, 2014 states the request for tramadol 50 mg three times a day as needed quantity: 540.00, is partially certified but there is no documented functional improvement but weaning, change in medications should be considered. The request for pain management consult is denied as medical necessity has not been established. The

request for Soma 350 mg three times a day as needed is non-certified as there is no documented pain contract as the patient has been using Soma for at 8 months. There are no documented findings supporting functional improvement. The requests for a cervical and lumbar spine x-ray of the cervical and lumbar spine, MRI for cervical and lumbar spine; EMG (electromyogram)/ NCV (nerve conduction velocity) testing of bilateral upper and lower extremities is denied as there is not documented evidence/red flags, and no documented failed conservative management.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SOMA 350 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 29; 65.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, antispasmodics are used to decrease muscle spasms. Chronic use of muscle relaxants is not recommended by the guidelines. According to the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for longer than two to three week period. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The request for Some 350 mg is not medically necessary or appropriate.

#### **TRAMADOL 50 MG, 540 COUNT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. Chronic use of opioids is not generally supported by the medical literature and are considered a second-line treatment. The Chronic Pain Medical Treatment Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Furthermore, there is no documentation of any improvement in pain level or function with its use in this patient to necessitate its continued use. The request for Tramadol 50 mg, 540 count, is not medically necessary or appropriate.

## **PAIN MANAGEMENT CONSULT CERVICAL AND LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**Decision rationale:** According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." There is little evidence of failed conservative medical treatment to necessitate referral to pain management for possible spinal procedures in this patient. It's not clear how exactly pharmacological agents have been used, i.e. if the patient has tried oral steroids, etc. Furthermore, there is no evidence of trial and failure of physical therapy of a reasonable period of time. The request for a pain management consult for the cervical and lumbar spine is not medically necessary or appropriate.

## **X RAY CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Radiography (X-Rays).

**Decision rationale:** According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines as well as the ODG guidelines, "Cervical spine x rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." There is no evidence of red flag pathology such as fracture, infection, or postsurgical. Physical exam showed no evidence of instability. The request for an x-ray of the cervical spine is not medically necessary or appropriate.

## **X RAY LUMBAR SPINE: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Radiography (x-rays).

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, and the ODG guidelines, "lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." There is no evidence of red flag pathology such as fracture, infection, or postsurgical. Physical exam also showed no evidence of instability. Furthermore, the MRI of the lumbar spine dated September 27, 2012 was diagnostic and has already showed degenerative changes. The request for an x-ray of the lumbar spine is not medically necessary or appropriate.

**MRI CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRI).

**Decision rationale:** According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, MRI of cervical spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in uncomplicated neck pain, after at least 1 month conservative therapy, or sooner if severe progressive neurological deficit. There is no evidence of any red-flag signs or progressive neurological deficits in this patient. There is no documentation of trial and failure of conservative management such as physical therapy of a reasonable period of time. The request for an MRI of the cervical spine is not medically necessary or appropriate.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs (magnetic resonance imaging).

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in uncomplicated low back pain, after at least 1 month conservative therapy, sooner if severe progressive neurological deficit, or prior lumbar surgery. There is no evidence of any red-flag signs or progressive neurological deficits in this patient. There is no documentation of trial and failure of conservative management such as physical therapy of a reasonable period of time. Furthermore, the patient had MRI of the L/S spine dated September 27, 2012 which was diagnostic.

Additionally, there is no evidence of any new events / injuries to require new study. The request for an MRI of the lumbar spine is not medically necessary or appropriate.

**ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Electromyography.

**Decision rationale:** According to the ODG, an EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. EMG's may be required by the American Medical Association (AMA) Guides for an impairment rating of radiculopathy. There is little evidence of radiculopathy as described tingling/numbness in this patient. However, there is no documentation of physical therapy for the cervical spine of at least one month duration. The request for EMG of the right upper extremity is not medically necessary or appropriate.

**ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Electromyography (EMG).

**Decision rationale:** According to the ODG, an EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. EMG's may be required by the American Medical Association (AMA) Guides for an impairment rating of radiculopathy. There is little evidence of radiculopathy as described tingling / numbness in this patient. However, there is no documentation of physical therapy for the cervical spine of at least one month duration. The request for an EMG of the left upper extremity is not medically necessary or appropriate.

**NERVE CONDUCTION VELOCITY (NCV) RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve conduction studies (NCS).

**Decision rationale:** According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), which is used to diagnose entrapment neuropathies such as carpal or cubital tunnel syndromes, brachial plexopathy or peripheral neuropathies. There is no documentation of any abnormal sensation/tingling or motor weakness in the distal upper extremities and hands. There is no evidence of positive Tinel's and Phalen's. The request for an NCV of the left upper extremity is not medically necessary or appropriate.

**NERVE CONDUCTION VELOCITY (NCV) LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve conduction studies (NCS).

**Decision rationale:** According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), which is used to diagnose entrapment neuropathies such as carpal or cubital tunnel syndromes, brachial plexopathy or peripheral neuropathies. There is no documentation of any abnormal sensation / tingling or motor weakness in the distal upper extremities and hands. There is no evidence of positive Tinel's and Phalen's. The request for an NCV of the left upper extremity is not medically necessary or appropriate.

**ELECTROMYOGRAPHY (EMG) RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**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 - Lumbar & Thoracic, EMGs (electromyography).

**Decision rationale:** According to the ODG, an EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. There is no clinical evidence of radiculopathy in the right

lower extremity. The request for an EMG of the right lower extremity is not medically necessary or appropriate.

**ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, EMGs (electromyography).

**Decision rationale:** According to the ODG, an EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. There is no clinical evidence of radiculopathy in the left lower extremity. The request for an EMG of the left lower extremity is not medically necessary or appropriate.

**NERVE CONDUCTION VELOCITY (NCV) RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), which is used to diagnose entrapment neuropathies such as Tarsal tunnel syndromes, lumbar spine plexopathy or peripheral neuropathies. There is no documentation of any abnormal sensation / tingling or motor weakness in the distal lower extremities or feet. There is no evidence of positive Tinel's. The request for an NCV of the left lower extremity is not medically necessary or appropriate.

**NERVE CONDUCTION VELOCITY (NCV) LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), which is used to diagnose entrapment neuropathies such as Tarsal tunnel syndromes, L/S plexopathy or peripheral neuropathies. There is no documentation of any abnormal sensation / tingling or motor weakness in the distal lower extremities or feet. There is no evidence of positive Tinel's. The request for an NCV of the left lower extremity is not medically necessary or appropriate.