Case Number:	CM14-0060441		
Date Assigned:	07/09/2014	**Date of Injury:**	06/13/2000
Decision Date:	09/11/2014	**UR Denial Date:**	04/17/2014
Priority:	Standard	**Application Received:**	05/01/2014

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:

Patient is a 55-year-old female who has submitted a claim for chronic cervical strain - rule out disc herniation, chronic lumbar strain - rule out disc herniation, left upper extremity radiculopathy, and fibromyalgia associated with an industrial injury date of 06/13/2000.Medical records from 2014 were reviewed. Patient complained of intermittent neck pain radiating to right upper extremity, associated with numbness and tingling sensation. Patient likewise reported low back pain radiating to the right lower extremity aggravated during movement, lifting, and carrying activities. Heat, ice, massage, and intake of medications helped to temporarily alleviate the pain. Physical examination of the cervical spine and lumbar spine showed restricted range of motion. Cervical compression test and Spurling's test to the left were positive. Tenderness was noted at paracervical and paralumbar muscles. Motor strength was 4/5 at bilateral shoulders. Sensation was diminished at C6 and C7 dermatomes, left. Reflexes were intact. Straight leg raise test was positive at the left. Weakness was noted at L5 and S1 myotomes, left. Sensation was diminished at L5 and S1 dermatomes, left. Atrophy was not evident.X-ray of the cervical spine, dated 03/06/2014, showed overall good alignment with some diffused minor disc space narrowing without evidence of instability.X-ray of the lumbar spine, dated 03/06/2014, demonstrated some narrowing at L5-S1 with minor bone spurs; but otherwise, no fractures or instability.Treatment to date has included acupuncture, chiropractic care, physical therapy, activity restrictions, and medications such as Kera-Tek gel and tramadol.Utilization review from 04/17/2014 denied the request for MRI cervical spine because there was no suspicion of tumor and the cervical x-ray did not show potential serious pathology; denied MRI lumbar spine because the patient did not exhibit red flag findings; denied Kera Tek Gel, 4 ounces because there was no evidence of failure of antidepressants and anticonvulsants; denied EMG/NCV of the upper extremities because there was no indication of radicular symptoms on

the left; denied EMG/NCV of the lower extremities because the records did not indicate left lower extremity radicular symptoms; and modified the request for Tramadol 50 mg one or two tabs every 6-8 hrs as needed #90 into tramadol 25 mg, #90 because only the lowest dose of tramadol was recommended as a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of intermittent neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Physical examination showed positive cervical compression test and Spurling's test to the left. Motor strength was 4/5 at bilateral shoulders. Sensation was diminished at C6 and C7 dermatomes, left. Reflexes were intact. X-ray of the cervical spine, dated 03/06/2014, showed overall good alignment with some diffused minor disc space narrowing without evidence of instability. Symptoms persisted despite conservative management involving acupuncture, chiropractic care, physical therapy, and medications. MRI is warranted at this time for further investigation of symptomatology. Therefore, the request for MRI of the cervical spine is medically necessary.

MRI lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient reported low back pain radiating to the right

lower extremity aggravated during movement, lifting, and carrying activities. Physical examination showed positive straight leg raise test at the left. Weakness was noted at L5 and S1 myotomes, left. Sensation was diminished at L5 and S1 dermatomes, left. Atrophy was not evident. Reflexes were intact. X-ray of the lumbar spine, dated 03/06/2014, demonstrated some narrowing at L5-S1 with minor bone spurs; but otherwise, no fractures or instability. Symptoms persisted despite conservative management involving acupuncture, chiropractic care, physical therapy, and medications. MRI is warranted at this time for further investigation of symptomatology. Therefore, the request for MRI of the lumbar spine is medically necessary.

Kera Tek Gel, 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsNSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for KERA-TEK GEL - 4 OZ is not medically necessary.

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-Neck & Upper back EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of intermittent neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Physical examination showed positive cervical compression test and Spurling's test to the left. Motor strength was 4/5 at bilateral shoulders. Sensation was diminished at C6 and C7 dermatomes, left. Reflexes were intact. Clinical manifestations at the left upper extremity were

consistent with focal neurologic deficit; hence, EMG may be warranted. However, the present request as submitted also included testing of the contralateral arm, which has no evidence of neurologic dysfunction. Moreover, a simultaneous request for MRI of the cervical spine had been certified. Therefore, the request for EMG of bilateral upper extremities is not medically necessary.

NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-Neck & Upper back NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction StudiesOther Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of intermittent neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Physical examination showed positive cervical compression test and Spurling's test to the left. Motor strength was 4/5 at bilateral shoulders. Sensation was diminished at C6 and C7 dermatomes, left. Reflexes were intact. Clinical manifestations were not consistent with peripheral neuropathy to warrant NCV. Moreover, a simultaneous request for MRI of the cervical spine had been certified. Therefore, the request for NCV of bilateral upper extremities is not medically necessary.

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to bilateral lower extremities aggravated during movement, lifting, and carrying activities. Physical examination showed positive straight leg raise test at the left. Weakness was noted at L5 and S1 myotomes, left. Sensation was diminished at L5 and S1 dermatomes, left. Reflexes were intact. Atrophy was not evident. Clinical manifestations at the left lower extremity were consistent with focal neurologic deficit; hence, EMG may be warranted. However, the present request as submitted also included testing of the contralateral leg, which had no evidence of neurologic deficit. Therefore, the request for electromyography (EMG) of bilateral lower extremities is not medically necessary.

NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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)Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain radiating to bilateral lower extremities aggravated during movement, lifting, and carrying activities. Physical examination showed positive straight leg raise test at the left. Weakness was noted at L5 and S1 myotomes, left. Sensation was diminished at L5 and S1 dermatomes, left. Reflexes were intact. Atrophy was not evident. Clinical manifestations were not consistent with peripheral neuropathy to warrant NCV. Therefore, the request for nerve conduction velocity (NCV) study of the lower extremities is not medically necessary.

Tramadol 50 mg one or two tabs every 6-8 hrs as needed #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed tramadol for moderate to severe pain. Symptoms persisted despite conservative management involving acupuncture, chiropractic care, and physical therapy. Opioid prescription is a reasonable option at this time. Therefore, the request for Tramadol 50 mg one or two tabs every 6-8 hrs as needed #90 is medically necessary.