

<b>Case Number:</b>	CM14-0082274		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/25/2004
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 25, 2004. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 2, 2014, the claims administrator partially certified a request for electrodiagnostic testing of the bilateral lower extremities as EMG testing of the lower extremities alone, denied a lumbar MRI, denied Naprosyn, and approved cyclobenzaprine. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated October 5, 2006, the medical-legal evaluator suggested that the applicant suffered from fibromyalgia. The medical-legal evaluator suggested that the applicant had not been working for a span of several years. In a June 5, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was having difficulty ambulating and transferring owing to pain complaints, it was noted. The applicant was using a cane and had a claw hand about the right hand, it was stated. The applicant had superimposed issues with anxiety disorder, depression, panic attacks, diabetic neuropathy along with issues with chronic low back pain, it was stated. A lumbar MRI was ordered to better assess the applicant's current condition. Permanent work restrictions, Naprosyn, Flexeril, and omeprazole were all endorsed. There was no mention of medication efficacy. Electrodiagnostic testing of June 2, 2014 was notable for an acute L5-S1 radiculopathy, it was stated. On April 10, 2014, the applicant reported persistent complaints of low back pain with associated lower extremity paresthesias. Positive straight leg raising was noted on the right. The applicant was using a cane, it was

acknowledged. Electrodiagnostic testing of the lower extremities, lumbar imaging, Naprosyn, and Flexeril were endorsed. There was no mention of medication efficacy on this occasion.

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

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

#### **Nerve Conduction Velocity (NCV) test of the lower extremities: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 states that electrical studies for routine lower extremity issues without clinical evidence of entrapment neuropathies is "not recommended," in this case, however, the applicant was an insulin-dependent diabetic. The applicant had issues with lower extremity paresthesias and lower extremity weakness apparently requiring usage of a cane. A diabetic neuropathy and a lower extremity peripheral neuropathy were on the differential diagnosis. Electrodiagnostic testing of the lower extremities, including the nerve conduction testing at issue, was indicated to help differentiate between the two concerns. Therefore, the request is medically necessary.

#### **MRI of the 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): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, despite the applicant's ongoing issues with electrodiagnostically confirmed lumbar radiculopathy requiring usage of a cane, the attending provider did not state or suggest that the applicant was, in fact, considering or contemplating any kind of surgical remedy insofar as the lumbar spine was concerned. It was not stated how lumbar MRI imaging would influence the treatment plan. Therefore, the request is not medically necessary.

#### **Naproxen 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs, Sodium salt, Specific recommendations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22,7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do present the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here, this recommendation is qualified by a commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not clearly outlined how, to what extent, or if usage of Naprosyn has been beneficial here. The applicant does not appear to have returned to work, it has been suggested. The attending provider has not recounted any other tangible decrements in pain and improvements in function achieved as a result of ongoing Naprosyn usage. Therefore, the request is not medically necessary.