

<b>Case Number:</b>	CM14-0096063		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/18/2004
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of September 18, 2004. A utilization review determination dated June 12, 2014 recommends non-certification of Wellbutrin SR 150 mg #60 with five refills modified to one refill in order to determine a response to the medication at this six-week reevaluation prior to long-term use. Non-certification was also recommended for one EMG/NCS for bilateral lower extremities, one polysonogram, and one gym with pool membership and aquatic exercise program. A progress note dated May 28, 2014 identifies subjective complaints of right shoulder pain, left ankle pain, increase or back pain, headaches in the morning, dizziness, your pressure, fatigue, right upper extremity pain, right hand pain and numbness, left toe pain, and depression. The patient reports loud snoring since the accident as well as insomnia. There is report of left ankle pain, swelling, and numbness in the left leg in the front and side. Physical examination identifies decreased range of motion of the cervical and lumbar spine with spasms. Diagnoses include posttraumatic head syndrome, depression, upper extremity radiculopathy, and lower back pain. The treatment plan recommends gym with pool and aquatic exercise program, restart Wellbutrin SR 150 mg b.i.d., polysonogram, EMG/NCS of bilateral lower extremities to rule out radiculopathy and rule out damage from left foot trauma. A nerve conduction study performed on October 9, 2007 identifies mild left lateral plantar nerve damage. Progress notes from April 25, 2007 and October 9, 2007 report relatively unchanged subjective complaints and physical examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin SR 150 mg #60, 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402.

**Decision rationale:** Regarding the request for Wellbutrin SR 150mg #60, Chronic Pain Medical Treatment Guidelines states that Wellbutrin is a second-generation non-tricyclic antidepressant has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, the request was modified to one refill by the original reviewer; which is an appropriate course of action to allow for a proper assessment of efficacy. The ongoing use of Wellbutrin for 6 months without reassessment to document efficacy, as requested here, is not supported by guidelines. In the absence of clarity regarding those issues, the currently requested Wellbutrin SR 150mg #60, 5 refills is not medically necessary.

**1 EMG/NCS of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 one EMG/NCS for bilateral lower extremities, Occupational Medicine 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 physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. Furthermore, the patient has established left plantar nerve damage shown in a nerve conduction study performed on October 8, 2007; and there are no new subjective complaints or objective findings. In the absence of such documentation, but currently requested one EMG/NCS for bilateral lower extremities is not medically necessary.

## **1 polysomnogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

**Decision rationale:** Regarding the request for 1 polysomnogram, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there is mention that the patient loses sleep at night due to pain. Also, there is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or suspected periodic limb movement disorder, or specific insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the currently requested 1 polysomnogram is not medically necessary.

## **1 gym with pool membership and aquatic exercise program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 46-47 of 127 and Page 22, 98-99 of 127 Page(s): 46-47 of 127 and Page 22, 98-99 of 12 Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for 1 gym with pool membership with and aquatic exercise program, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Regarding aquatic exercise, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy

where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision, and there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym aquatic exercise program. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. In the absence of such documentation, the currently requested 1 gym with pool membership with and aquatic exercise program is not medically necessary.