

<b>Case Number:</b>	CM15-0100790		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 45 year old female, who sustained an industrial injury on 05/26/2010. She has reported injury to the neck, shoulders, upper extremities, and low back. The diagnoses have included cervical radiculopathy; cervical spinal stenosis; cervical disc degeneration; lumbar disc protrusion; lumbar spinal stenosis; lumbar radiculopathy; bilateral knee strain; bilateral shoulder strain; and bilateral arm overuse syndrome. Treatment to date has included medications, diagnostics, epidural steroid injections, physical therapy, and home exercise program. Medications have included Norco, Neurontin, Terocin patch, Lyrica, Ativan, Cyclobenzaprine, and Omeprazole. A progress note from the treating physician, dated 04/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the cervical spine, lumbar spine, bilateral shoulders, bilateral wrists, and bilateral hands; pain is frequent and rated at 9/10 on the pain scale; continued cervical spine pain with radiation to the left upper extremity, rated at 6-7 on a 0 to 10 pain scale, becoming an 8 with any prolonged neck rotation or heavy lifting; lower back pain with radiation to the right lower extremity with significant weakness of the legs; taking Lyrica and Norco; pain is made better with rest and medications; and pain is made worse with change in weather and activities. Objective findings included loss of range of motion of the cervical spine; cervical compression test was positive on the left, with radiation of pain to the left upper extremity; palpable muscular hypertonicity and tenderness; decreased sensation of the left anterior lateral arm; loss of range of motion of the lumbar spine; straight leg raise test was positive on the right, with radiation of pain to the posterior right thigh; palpable muscular hypertonicity and tenderness; and decreased sensation in

the right anterior lateral leg. The treatment plan has included the request for EMG (Electromyography)/NCV (Nerve Conduction Velocity) of the upper and lower extremities; cervical epidural steroid injection at the bilateral C5-C6; orthopedic spine consultation; and FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) 180gms.

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

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

#### **EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the upper and lower extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 Web-based edition and California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303, 260-262. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter: Electrodiagnostic Studies.

**Decision rationale:** According to the 04/22/2015 report, this patient presents with "cervical spine pain with radiation to the left upper extremity, graded at 6-7" and "lower back pain with radiation to the right lower extremity with significant weakness of the legs." The current request is for EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the upper and lower extremities. The request for authorization is not included in the file for review. The patient's work status is deferred to the primary treating physician. Regarding EMG/ NCV of the upper extremities, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Regarding EMG of lower extremities, the ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "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." Regarding NCV of the lower extremities, ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to

have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states NCS is "not recommended for low back conditions, and EMGs which are recommended as an option for low back." Review of the provided reports does not show evidence of prior EMG/NCV of the upper or lower extremity. In this case, the patient presents with positive straight leg raise and decreased sensation is noted at the L5-S1 nerve root distribution of the lower extremities. The patient also presents with numbness and weakness in the hands and fingers. MRI of the cervical spine on 04/10/2015 show a 2 mm disc protrusion at C3-C4, 1-2mm posterior disc bulge at C4-C5, and 2-3 mm disc bulge at C5-C6. The requested EMG/NCV of the upper extremities and EMG of the lower extremity is reasonable and is supported by the guidelines. However, the requested NCV study of the lower extremity is not supported by the guidelines as the patient's leg symptoms are presumed to be radicular. There are no other concerns raised by the treater, such as peripheral neuropathy. Therefore, the current request for EMG/ NCV of the upper and lower extremities IS NOT medically necessary.

### **Cervical epidural steroid injection at the bilateral C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 Web-based edition and California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** According to the 04/22/2015 report, this patient presents with "cervical spine pain with radiation to the left upper extremity, graded at 6-7" and "lower back pain with radiation to the right lower extremity with significant weakness of the legs." The current request is for cervical epidural steroid injection at the bilateral C5-C6. The treating mentioned in the 01/30/2014 report, "The patient had one cervical spine epidural injection performed in December 2014 which provided 50% improvement for three weeks." The request for authorization is not included in the file for review. The patient's work status is deferred to the primary treating physician. For repeat cervical ESI, MTUS guidelines states "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." Review of the provided reports shows that the patient had a recent cervical epidural steroid injection with "50% improvement for three weeks." However, there is no documentation of "pain relief with associated reduction of medication use for six to eight weeks." In this case, the requested repeat CESI without documentation of functional improvement and medication reductions following prior injection is not supported by the guidelines. The current request IS NOT medically necessary.

### **Orthopedic spine consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines,

Treatment in Workers Compensation, 2015 Web-based edition and California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

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

**Decision rationale:** According to the 04/22/2015 report, this patient presents with "cervical spine pain with radiation to the left upper extremity, graded at 6-7" and "lower back pain with radiation to the right lower extremity with significant weakness of the legs." The current request is for Orthopedic spine consultation. The request for authorization is not included in the file for review. The patient's work status is deferred to the primary treating physician. The ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In reviewing the provided reports, this patient presents with chronic cervical and lumbar pain with radiation and tingling. Therefore, this request IS medically necessary.

**FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) 180gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 Web-based edition and California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the 04/22/2015 report, this patient presents with "cervical spine pain with radiation to the left upper extremity, graded at 6-7" and "lower back pain with radiation to the right lower extremity with significant weakness of the legs." The current request is for FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) 180gms. The request for authorization is not included in the file for review. The patient's work status is deferred to the primary treating physician. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen." In this case, MTUS does not support Baclofen as a topical product. The current request IS NOT medically necessary.