

<b>Case Number:</b>	CM15-0109998		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 38 year old male who sustained an industrial injury on 10/04/2012. Current diagnoses include lumbar discopathy with radiculopathy, cervical strain, thoracic strain, left shoulder SLAP tear, left shoulder strain, left shoulder impingement syndrome, left wrist strain, right knee posterior horn meniscus tear, right inguinal hernia-status post right inguinal hernia repair, symptoms of depression, and cubital tunnel syndrome per AME. Previous treatments included medications, cervical and lumbar transforaminal epidural injections, psychological evaluation and treatment. Previous diagnostic studies include a lumbar spine MRI dated 11/21/2012, electrodiagnostic study dated 01/24/2013 which revealed evidence of acute bilateral L4, L5, and S1 lumbosacral radiculopathy, cervical spine MRI dated 03/16/2015 revealed a 1-2mm posterior disc protrusion at C4-C5 and C5-C5 with no significant stenosis. Report dated 05/14/2015 noted that the injured worker presented with complaints that included constant, moderate pain in his neck, left shoulder, mid-back, left wrist, low back, and right knee. It was further noted that the neck pain radiates through the left shoulder to his left wrist with numbness and tingling, difficulty sleeping on the left side due to pain, and the low back pain radiates to the bilateral legs and feet. Pain level was not included. Physical examination was positive for cervical spine tenderness with myospasms and limited range of motion with pain, left shoulder tenderness with spastic activity and restricted range of motion with pain, thoracic spine tenderness with myospasms and restricted range of motion with pain, left wrist tenderness and restricted range of motion with pain, and positive Tinel's and Phalen's, lumbar spine tenderness with myospasms and restricted range of motion with pain, and right knee

tenderness with spastic activity and limited range of motion with pain. The treatment plan included requests for a polysomnography to assess sleep pathology, consultation with a pain management specialist to undergo a 2nd cervical epidural steroid injection, refilled medications which included Cyclobenzaprine HCL to reduce muscle spasms in order to increase ranges of motion, nabumetone for inflammation, Tramadol to reduce severe pain, Trazadone for sleep, and Omeprazole to protect the stomach, and return for follow up in 4 weeks. It was noted that the injured worker can return to work per the AME recommendations with work restrictions, but there was no return to work date included. Submitted documentation supports that the injured worker is status post transforaminal epidural steroid injection right L4-S1 with 50-80% overall improvement. Report dated 03/31/2015 the physician noted that the cervical spine MRI is completely normal and the injured worker is not a candidate for a epidural steroid injection nor is he a candidate to undergo surgical intervention. Disputed treatments include polysomnography, 1 consultation with pain management specialist for 2nd cervical epidural injection, Cyclo-benzaprine HCL 10 mg, #30, and Tramadol 50 mg, #60.

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

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

**One polysomnography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Official Disability Guidelines (ODG) 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; Unattended (unsupervised) home sleep studies for adult patients are appropriate with a home sleep study device with a minimum of 4 recording channels (including oxygen saturation, respiratory movement, airflow, and EKG or heart rate). Within the submitted records there is mention of injured worker can not sleep on left side because of pain. There is no mention of any concerns that meet the guidelines for sleep studies. It is not clear if the injured worker had any prior unattended (unsupervised) home sleep studies. In the absence of such information, the request for sleep study is not medically necessary and appropriate.

**One consultation with pain management specialist for second cervical epidural injection:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Epidural steroid injections (ESIs).

**Decision rationale:** This requested treatment for Epidural steroid injections (ESIs) is evaluated in light of the CA MTUS and the Official Disability Guidelines (ODG) recommendations. The California MTUS Chronic Pain Medical Treatment Guidelines recommend "epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing with home exercise. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement of radicular lumbosacral pain, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendations for use of epidural steroid injections to treat radicular cervical pain." ODG criteria do not recommend additional epidural steroid injections, if significant improvement is not achieved with an initial treatment. ODG also state there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The documentation submitted indicated that the injured worker has radicular type pain but the upper extremity electrodiagnostic study does not support cervical radiculopathy. Furthermore, the cervical spine MRI dated 03/16/2015 reports no significant findings that corroborate with the physical exam. In the available records for review, no previous procedure note can be found. Based on the cited guidelines and the submitted documentation, the request for one consultation with pain management specialist for second cervical epidural injection is not medically necessary.

**Cyclobenzaprine HCL 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Cyclobenzaprine Page(s): 63, 64.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. Recommendation is for non-sedating muscle relaxants for treatment of acute exacerbation in patients with chronic low back pain. Physical

examination revealed muscle spasms in the cervical spine, thoracic spine, lumbar spine, right knee, and left shoulder. Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) for greater than a 2-3 week period, there is no documentation submitted to support improvement in reducing pain or increasing function with the use of this medication. Furthermore, Cyclobenzaprine is not recommended for chronic use. Therefore, the request for Cyclobenzaprine HCL 10mg #30 is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol) Page(s): 75-82.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The documentation submitted did not include functional improvement with the use of this medication. Functional improvement is defined as a decrease in work restrictions or improvement in activities of daily living, plus decreased dependence on medical treatment. There was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of Tramadol, and office visits have continued at the same frequency. Therefore, the request for Tramadol 50 mg, #60 is not medically necessary.