

Case Number:	CM15-0136479		
Date Assigned:	07/24/2015	Date of Injury:	09/09/2014
Decision Date:	08/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, 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 (IW) is a 32-year-old female who sustained an industrial injury 09/09/2014. Diagnoses/impressions include cervicalgia/neck pain; low back pain; left shoulder pain; and cervical radiculitis. Treatment to date has included medications, home exercise, chiropractic care, TENS unit and massage. According to the progress notes dated 6/18/15, the IW reported continued neck and low back pain and left shoulder pain, rated 6/10. The neck pain radiated to the left upper extremity with tingling; her low back pain radiated to the right lower extremity with pulling, sharp pain. Her only medication was Relafen, which was providing little pain relief. On examination, there was tenderness to palpation in the cervical and lumbar paraspinal muscles. Abduction of the left shoulder was 130 degrees and flexion was 160 degrees. A request was made for an EMG/NCV (electromyography/nerve conduction velocity) study of the lower extremities as recommended by the Panel Qualified Medical Evaluation and one prescription of Cyclobenzaprine 7.5mg #60 for trial purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of the lower extremities: 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are cervicalgia/neck pain; pain shoulder; cervical radiculitis; low back pain; and left shoulder pain. The date of injury is August 9, 2014. Request for authorization is June 18, 2015. According to a progress note dated June 18, 2015, the injured worker subjectively complains of neck pain that radiates to the left upper extremity and low back pain radiates to the right lower extremity. Objectively, there was tenderness to palpation. There is no neurologic evaluation demonstrating objective evidence of radiculopathy. There are no subjective complaints of left lower extremity radiculopathy. There is no clinical indication rationale for a bilateral lower extremity EMG/NCV. Regarding left lower extremity symptoms, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Consequently, absent clinical documentation with subjective evidence of left lower extremity radiculopathy, objective evidence of lower extremity radiculopathy, no neurologic evaluation on physical examination with minimal justification for nerve conduction studies, bilateral lower extremity EMG/NCV studies are not medically necessary.

Cyclobenzaprine 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second-line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervicalgia/neck pain; pain shoulder; cervical radiculitis; low back pain; and left shoulder pain. The date of injury is August 9, 2014. Request for authorization is June 18, 2015. According to a progress note dated June 18, 2015, the injured

worker subjectively complaints of neck pain that radiates to the left upper extremity and low back pain radiates to the right lower extremity. Objectively, there was tenderness to palpation. There is no neurologic evaluation demonstrating objective evidence of radiculopathy. There are no subjective complaints of left lower extremity radiculopathy. The progress note dated June 18, 2015 indicates the treating provider is going to trial cyclobenzaprine 7.5 mg. There was no documentation on physical examination of muscle spasm at the lumbar paraspinal muscle groups. Additionally, the treating provider requested a quantity #60 while guidelines recommend a less than two weeks treatment period. Consequently, absent clinical documentation of muscle spasm on physical examination and treatment in excess of the recommended guidelines (less than two weeks) with a quantity # 60 provided, Cyclobenzaprine 7.5 mg #60 is not medically necessary.