

Case Number:	CM15-0164424		
Date Assigned:	09/01/2015	Date of Injury:	04/30/2015
Decision Date:	10/23/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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 41 year old female who sustained an industrial injury on 04-30-2015. According to an initial narrative report dated 06-24-2015, the injured worker reported that she developed symptoms in January 2015, in her back attributed to driving, sitting and repetitive motion of getting up out of her seat and turning to the right which she did close to 25-30 times a day. On 01-30-2015, an MRI of the lumbar spine showed posterior disc bulges of 2-3 millimeters at L3-4, 3-4 millimeters at L4-5 and 3 millimeters at L5-S1 with mild L5-S1 central canal narrowing, neuroforaminal narrowing which is slight to mild on the left at L3-4 and bilaterally mild L5-S1 and benign appearing L2, L5 and S3 intraosseous hemangiomas. According to a progress report dated 07-22-2015, the injured worker reported low back pain that radiated down the right leg and numbness in the right leg. Low back pain was aggravated with prolonged standing and walking. Pain was rated 7 on a scale of 1-10. Her employer could not accommodate her with restrictions. She was currently utilizing Norco, Relafen and Flexeril as needed. She denied any side effects from her medication. Overall, she was noting functional improvement and improvement in pain with her current medication regimen. Pain was rated 4-5 with use of her medications and 8-9 without medications. She noted improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of her current medication usage. Physical examination of the lumbar spine revealed positive straight leg raise at 60 degrees in the sitting position. The injured worker walked with a marked limp on the right. Active range of motion of the lumbar spine was decreased with flexion, extension and lateral bending. Diagnoses included herniated nucleus pulposus of the lumbar spine with right sided

radiculopathy. The injured worker was scheduled for acupuncture on 07-25-2015 and physical therapy on 07-27- 2015 for the lumbar spine. Authorization for pain management consultation was pending. An opioid treatment agreement was reviewed. Authorization was being requested for a urine drug screen to be performed at the next visit and for electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral lower extremities due to continued symptoms. She was to return in 1 month for a follow up. Work status included modified duties on 07-22-2015 with no lifting, pushing or pulling over 5 pounds and no prolonged sitting. Currently under review is the request for EMG of bilateral lower extremities per 07-22-15 order, NCV of bilateral lower extremities per 07-22-15 order and Flexeril 10 mg #90 per 07-22-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremities per 07/22/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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-Electrodiagnostic Studies.

Decision rationale: The patient presents on 07/22/15 with lower back pain rated 7/10, which radiates into the right lower extremity and associated numbness in the right leg. The patient's date of injury is 04/30/15. Patient has no documented surgical history directed at this complaint. The request is for EMG of bilateral lower extremities per 07/22/15 order. The RFA is dated 07/22/15. Physical examination dated 07/22/15 reveals "positive SLR's at 60 degrees in the sitting positive." Lumbar range of motion is also decreased in all planes. The patient is currently prescribed Norco, Relafen, and Flexeril. Patient is currently advised to return to work with modified duties ASAP. ODG, Low Back chapter under EMGs (electromyography) ODG states, Recommended as an option needle, not surface. EMGs 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. In regard to the EMG of the bilateral lower extremities, this patient does not present with bilateral complaints. There is no evidence in the records provided that this patient has undergone any electrodiagnostic studies to date. The treating physician in this case has documented that the patient has persistent lower back pain, which radiates into the right lower extremity with evidence of positive straight leg raise test on the right. Given this patient's presentation and the lack of EMG studies to date, a right-sided EMG would be an appropriate diagnostic measure. However, without complaints of bilateral radiculopathy or evidence upon physical examination of neurological compromise in the left lower extremity as well as the right, the request for bilateral EMG studies cannot be substantiated. Therefore, the request IS NOT medically necessary.

NCV of bilateral lower extremities per 07/22/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Nerve conduction studies (NCS).

Decision rationale: The patient presents on 07/22/15 with lower back pain rated 7/10, which radiates into the right lower extremity and associated numbness in the right leg. The patient's date of injury is 04/30/15. Patient has no documented surgical history directed at this complaint. The request is for NCV of bilateral lower extremities per 07/22/15 order. The RFA is dated 07/22/15. Physical examination dated 07/22/15 reveals "positive SLR's at 60 degrees in the sitting positive." Lumbar range of motion is also decreased in all planes. The patient is currently prescribed Norco, Relafen, and Flexeril. Patient is currently advised to return to work with modified duties ASAP. ODG, Low Back chapter under Nerve conduction studies (NCS) 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 states: NCS, which are not recommended for low back conditions, and EMGs, which are recommended as an option for low back. In regard to the request for an NCV study of the bilateral lower extremities, this patient does not meet guideline criteria for such diagnostics. Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities. Unfortunately, guidelines only support NCV studies of the lower extremities in circumstances where the provider suspects peripheral neuropathy or a neurological condition other than spinal stenosis. In this case, the provider does not suspect any peripheral neuropathy and there is no evidence that the patient suffers from bilateral symptoms requiring bilateral diagnostics, either. Without documentation of a suspicion of peripheral neuropathy, or evidence of bilateral complaints, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

Flexeril 10mg #90 per 07/22/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The patient presents on 07/22/15 with lower back pain rated 7/10, which radiates into the right lower extremity and associated numbness in the right leg. The patient's date of injury is 04/30/15. Patient has no documented surgical history directed at this complaint. The request is for Flexeril 10MG #90 per 07/22/15. The RFA is dated 07/22/15. Physical examination dated 07/22/15 reveals "positive SLR's at 60 degrees in the sitting positive." Lumbar range of motion is also decreased in all planes. The patient is currently prescribed Norco, Relafen, and Flexeril. Patient is currently advised to return to work with modified duties

ASAP. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This appears to be the initiating prescription of Flexeril, as it is not listed among this patient's active medications in the previous report. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 90 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.