MAXIMUS Federal Services

Case Number:	CM15-0083718		
Date Assigned:	05/06/2015	Date of Injury:	03/19/2012
Decision Date:	06/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	05/01/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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 59-year-old female who sustained an industrial injury on 03/19/2012. Diagnoses include sacroiliac sprain/strain, lumbar intervertebral disorder with myelopathy, cervical intervertebral disorder with myelopathy, internal derangement of the knee, shoulder tendinitis, and rotator cuff syndrome. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, and a lumbar epidural steroid injection at L5-S1 on 08/23/2013with 50% pain relief for 3-4 months. A physician progress note dated 03/19/2015 documents the injured worker complains of left lumbar, left sacroiliac, sacral, right sacroiliac, right lumbar, lumbar, left anterior knee, right anterior knee, left cervical , right cervical , cervical, right anterior wrist, right anterior hand, left anterior wrist, left anterior hand , left posterior wrist, left posterior hand, right posterior wrist, right posterior hand, right anterior shoulder, left anterior shoulder, right anterior arm, left posterior shoulder, left posterior arm, left cervical dorsal, upper thoracic, right cervical dorsal, right posterior shoulder, right posterior arm, left anterior arm, left buttock, left posterior leg, left posterior knee, left calf, left ankle, left foot , left pelvic, left anterior leg, left hip, left shin, left ankle and left foot pain. She rates the discomfort as 8 on a scale of 10, with 10 being the worst and is it noticeable approximately 70% of the time. She also has numbness in multiple areas. She also complains of dizziness, anxiety and stress, and insomnia. The injured worker feels better with pain medication, rest, topical compounds, acupuncture treatment and physical therapy. Cervical, lumbar, left and right shoulder and knee ranges of motion are restricted. Cervical distraction for nerve root compression is positive bilaterally. Sitting Roots test is positive bilateral. Straight leg raise is positive bilaterally, and

there is weakness in the left leg. Cervical spine is tender to touch with spasm, and the lumbar spine is tender to palpation with spasm. Bilateral knees are tender to palpation with positive McMurry's. The treatment plan included home exercise program, weight loss, single point cane, and the injured worker received prescriptions for Ultram and cyclobenzaprine. Treatment requested is for Cyclobenzaprine 10 mg Qty 60, and EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Left Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been taking cyclobenzaprine since at least November 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be medically necessary.

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Left Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The request should not be medically necessary.