

Case Number:	CM14-0118902		
Date Assigned:	08/06/2014	Date of Injury:	05/05/2013
Decision Date:	10/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury on 05/05/2013 due to continuous trauma while working as a roofer. The injured worker has diagnosis of bilateral cervical spine radiculitis, bilateral lumbar spine radiculitis, left more than right shoulder strain, left more than right knee strain, bilateral foot strain, and sleep disorder. Past medical treatment consists of chiropractic therapy and medication therapy. On 05/21/2014, the injured worker underwent cervical x-rays which revealed straightening of the cervical lordosis. On 05/21/2014, the injured worker complained of neck and back pain. Physical examination revealed that the injured worker had no muscle guarding or muscle spasm. There was diffuse tenderness to palpation about the bilateral cervical spine and upper trapezius muscles. There were no trigger points. Cervical compression was negative. Spurling's test was negative. It was noted that the injured worker had cervical flexion of 22 degrees, extension of 32 degrees, left lateral bend of 32 degrees, right lateral bend of 26 degrees, left rotation of 45 degrees, and right rotation of 24 degrees. Deep tendon reflexes revealed biceps, triceps, and brachial radialis were 2+ bilaterally. Inspection of the lumbar spine revealed that the injured worker had normal lordosis and there was no evidence of scoliosis or increased thoracic kyphosis. There was diffuse tenderness to palpation about the lumbar paravertebral muscles. There was no paravertebral muscle guarding or spasm. It was noted that the lumbar flexion was 11 degrees, extension was 4 degrees, left lateral bend was 13 degrees, and right lateral bend was 9 degrees. Sensation to pinprick and light touch was normal bilaterally. Motor power was normal and symmetrical in all major muscle groups of the lower extremities. Straight leg raise was negative to 50 degrees bilaterally in the sitting and supine position. The treatment plan is for the injured worker to undergo EMG/NCV of the upper and lower bilateral extremities. The provider would also like the injured worker to continue the

use of cyclobenzaprine cream. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The request for an EMG of the bilateral upper extremities is not medically necessary. California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The submitted documentation indicated that the injured worker had cervical pain. There was a lack of neurologic deficits pertaining to the cervical spine. There was also a lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG of the upper extremity. As such, the request is not medically necessary.

NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Nerve Conduction Studies (NCS).

Decision rationale: The request for an NCS of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM state that EMG/nerve conduction velocity (NCV), including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures have been limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radiculopathy symptoms, EMG/Nerve conduction studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the documentation. The included medical documents lacked evidence of the injured worker's failure of conservative

treatment. The physical exam noted that the injured worker had pain in the neck. However, there lacked no indication of the injured worker having spasm or sensory deficits. There was also no indication of decreased sensation and other symptoms which would indicate nerve impingement. The guidelines do not recommend nerve conduction studies. As such, the request is not medically necessary.

EMG of the bilateral 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 Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for EMG of the lower extremities bilaterally is not medically necessary. California MTUS/ACOEM Guidelines state that an EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There was a lack of neurologic deficits pertaining to the lumbar spine submitted for review. The clinical note revealed low back pain. However, there was no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There was also no indication of failure of conservative care treatment to include physical therapy. As such, the request is not medically necessary.

NCS of the bilateral 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 Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for the request for NCS of bilateral lower extremities is not medically necessary. The Official Disability Guidelines state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed that the injured worker had low back pain. However, there was no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. Furthermore, there was no indication that the injured worker had tried and failed conservative treatment care. Additionally, the guidelines do not recommend NCVs for the lower extremity. As such, the request is not medically necessary.

Cyclobenzaprine cream 60MG with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril), Page(s): 41.

Decision rationale: The request for cyclobenzaprine is not medically necessary. The Medical Guidelines recommend Flexeril (Cyclobenzaprine) as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines also state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note that muscle relaxants are not recommended for topical application. As the guidelines do not recommend the use of muscle relaxants for application, the medication would not be indicated. Additionally, it is unclear as to why the injured worker would benefit from topical analgesia instead of oral medication. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. There was also no indication as to where the Cyclobenzaprine cream would be applied. Given the above, the request is not medically necessary.