

<b>Case Number:</b>	CM14-0143639		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 and Rehabilitation and is licensed to practice in California. 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:

Patient is a 51-year-old female who has submitted a claim for carpal tunnel syndrome status post release, cervical sprain/strain, lumbar disc protrusion, degenerative disc disease, stenosis, and right leg radiculopathy associated with an industrial injury date of 11/23/2011. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity, associated with weakness and numbness sensation. Physical examination showed a positive straight leg raise test at 60 degrees. Ankle jerks were decreased. EMG/NCV of bilateral lower extremities, dated 12/20/2011, was unremarkable. MRI of the lumbar spine, dated 02/1/2012, reviewed a 1.7-mm disc protrusion with associated facet Arthropathy and narrowing of the left L5 exiting nerve root. 2.3 to 2.6-mm disc protrusions at L3 to L4 and L4 to L5 with bilateral neuroforamina narrowing exerting pressure on the L3 and L4 exiting nerve roots were also noted. Treatment to date has included carpal tunnel release, lumbar epidural steroid injections x 3, home exercise program, and medications such as Tramadol, Naproxen, Ondansetron, Pantoprazole, And Topical Cream (since 2013). Utilization review from 8/28/2014 denied the request for EMG/NCV of the lower extremities because there was no documentation of new neurologic symptoms or signs consistent with lumbar radiculopathy; denied Cyclobenzaprine 7.5 mg, quantity 60 because of no documented functional improvement; and denied the request for pantoprazole 20 mg, #60 because there was no documentation of gastrointestinal condition. The reasons for the denial of Tramadol 150mg #60, X-Rays Lumbar Spine with AP Lateral, Flexion and Extension Views, and CT Discogram of the Lumbar Spine were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 #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 Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Cyclobenzaprine since 2013. However, there was no documentation of symptom relief and functional improvement with medication use. The most recent physical examination also failed to show evidence of muscle spasm. Therefore, the request for Cyclobenzaprine 7.5mg, #60 is not medically necessary.

**Tramadol 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol(Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol 150mg, #60 is not medically necessary.

**Pantoprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and

cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on pantoprazole since 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Pantoprazole 20mg, #60 is not medically necessary.

#### **NCV Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition 2004 p303

**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, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms based on radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy," cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of low back pain radiating to the right lower extremity, associated with weakness and numbness sensation. Physical examination showed a positive straight leg raise test at 60 degrees. Ankle jerks were decreased. EMG/NCV of bilateral lower extremities, dated 12/20/2011, was unremarkable. MRI of the lumbar spine, dated 02/1/2012, reviewed a 1.7-mm disc protrusion with associated facet Arthropathy and narrowing of the left L5 exiting nerve root. 2.3 to 2.6-mm disc protrusions at L3 to L4 and L4 to L5 with bilateral neuroforamina narrowing exerting pressure on the L3 and L4 exiting nerve roots were also noted. However, there was no documented rationale for a repeat electrodiagnostic study. There was no evidence of worsening of subjective complaints and objective findings to warrant repeat testing. Moreover, there was no comprehensive physical examination available for review. The medical necessity cannot be established due to insufficient information. It is likewise unclear why testing of the contralateral asymptomatic lower extremity should be included. Therefore, the request for nerve conduction velocity (NCV) study of the bilateral lower extremities is not medically necessary.

#### **EMG Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition 2004 p303

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to the right lower extremity, associated with weakness and numbness sensation. Physical examination showed a positive straight leg raise test at 60 degrees. Ankle jerks were decreased. EMG/NCV of bilateral lower extremities, dated 12/20/2011, was unremarkable. MRI of the lumbar spine, dated 02/1/2012, reviewed a 1.7-mm disc protrusion with associated facet Arthropathy and narrowing of the left L5 exiting nerve root. 2.3 to 2.6-mm disc protrusions at L3 to L4 and L4 to L5 with bilateral neuroforamina narrowing exerting pressure on the L3 and L4 exiting nerve roots were also noted. However, there was no documented rationale for a repeat electrodiagnostic study. There was no evidence of worsening of subjective complaints and objective findings to warrant repeat testing. Moreover, there was no comprehensive physical examination available for review. The medical necessity cannot be established due to insufficient information. It is likewise unclear why testing of the contralateral asymptomatic lower extremity should be included. Therefore, the request for electromyography (EMG) of the bilateral lower extremities is not medically necessary.

**X-Rays Lumbar Spine with AP, Lateral, Flexion, and Extension Views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines 2013 (Lumbar)

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

**Decision rationale:** The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of low back pain radiating to the right lower extremity, associated with weakness and numbness sensation. Physical examination showed a positive straight leg raise test at 60 degrees. Ankle jerks were decreased. MRI of the lumbar spine, dated 02/1/2012, reviewed a 1.7-mm disc protrusion with associated facet Arthropathy and narrowing of the left L5 exiting nerve root. 2.3 to 2.6-mm disc protrusions at L3 to L4 and L4 to L5 with bilateral neuroforamina narrowing exerting pressure on the L3 and L4 exiting nerve roots were also noted. However, there was no documented rationale for x-ray of the lumbar spine. There was no evidence of new trauma or injury to warrant such. It was unclear how x-rays results may influence treatment plan. Moreover, there was no comprehensive physical examination available for review. The medical

necessity cannot be established due to insufficient information. Therefore, request for X-Ray of the Lumbar Spine with AP, lateral, flexion and extension views is not medically necessary.

**CT Discogram of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines 2013 (Lumbar)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography

**Decision rationale:** CA MTUS ACOEM Guidelines state that discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. Moreover, the Official Disability Guidelines cited that although discography especially combined with CT scanning, may be more accurate than other radiologic studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven. Criteria include: (1) back pain of at least 3 months duration, (2) failure of conservative treatment, (3) MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs, (4) satisfactory results from detailed psychosocial assessment, and (5) single-level testing (with control). In this case, patient complained of low back pain radiating to the right lower extremity, associated with weakness and numbness sensation. Physical examination showed a positive straight leg raise test at 60 degrees. Ankle jerks were decreased. MRI of the lumbar spine, dated 02/1/2012, reviewed a 1.7-mm disc protrusion with associated facet Arthropathy and narrowing of the left L5 exiting nerve root. 2.3 to 2.6-mm disc protrusions at L3 to L4 and L4 to L5 with bilateral neuroforamina narrowing exerting pressure on the L3 and L4 exiting nerve roots were also noted. However, there was no documented rationale for CT discogram. It was unclear how discogram results may influence treatment plan. Moreover, there was no comprehensive physical examination available for review. The medical necessity cannot be established due to insufficient information. Intended levels for evaluation were likewise not specified. Lastly, a psychological clearance was not obtained. Therefore, the request for Ct Lumbar Discogram is not medically necessary.