

<b>Case Number:</b>	CM14-0095610		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Occupational Medicine 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:

The 38 year old male claimant sustained a work injury on 8/8/08 involving the neck and low back. He was diagnosed with lumbar facet syndrome, lumbar spondylosis and chronic pain syndrome. A magnetic resonance imaging on 2/14/14 indicated there was a cervical annulus tear. A progress note on 5/8/14 indicated the claimant had numbness and weakness in both arms. The claimant had been on topical analgesics. The exam findings were notable for 4/5 strength of the abductor pollicis. The treating physician requested electrodiagnostic studies of the upper extremities chiropractor sessions and a consultation for an orthopedic surgeon for the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Spine Surgeon Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when

the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there was no indication for surgery. The low back exam was not performed. Upper extremity findings may be related to the magnetic resonance imaging findings of the cervical spine. The diagnosis was being pursued with an EMG. The need for an orthopedic consultation was not justified and not medically necessary.

**Needle EMG of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of EMG testing for diagnostic evaluation purposes in applicants without symptoms is deemed "not recommended." In this case, the attending provider did not specifically state what symptoms the applicant was having which led him to suspect a diagnosis of carpal tunnel syndrome and/or cervical radiculopathy. While the attending provider stated that the applicant's cervical spine pain was unchanged, the attending provider did not characterize the applicant's neck pain in a more detailed manner. The applicant was described as having a chronic myofascial pain syndrome. There was no mention of radicular or neuropathic type of symptoms with paresthesias about the upper extremities, for instance, which would be more suggestive of a cervical radiculopathy and/or possible carpal tunnel syndrome. Therefore, the request is not medically necessary.

**Needle EMG of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-7 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of EMG testing for evaluation purposes in applicants without symptoms is deemed "not recommended." In this case, the attending provider did not state what symptoms led him to suspect a diagnosis of cervical radiculopathy and/or carpal tunnel syndrome. There was no mention of any issues with paresthesias about the upper extremities and/or neck pain radiating to the upper extremities which might be suggestive of a neuropathic or radicular process. Rather, the claimant was described as having a myofascial pain syndrome. Therefore, the request is not medically necessary.

**Butrans patch 10mcg/hour, qty 4 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend provision of Buprenorphine or Butrans for the treatment of opioid addiction and/or for chronic pain purposes in applicants who were previously detoxified off of opioids, in this case, however, no rationale for selection of Butrans was furnished. It was not stated why Butrans is being employed as opposed to other opioid agents. It was not stated that the applicant had a history of previous opioid detoxification and/or previous issues with opioid addiction which would compel provision of Butrans. Therefore, the request is not medically necessary.

**Unknown prescription of unknown pharmacist pain relief lotion 0.05-20-10% with 2 refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded topical medications.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesics. It is further noted that the ingredients and compositions of the compound in question have not been clearly detailed. Therefore, the request is not medically necessary.