

<b>Case Number:</b>	CM14-0056821		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application</b>	04/28/2014

### **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. 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, Pain Management

### **CLINICAL CASE SUMMARY**

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old female sustained an industrial injury to the low back on 9/1/04. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit, ice and medications. In a PR-2 dated 3/20/14, the injured worker complained of mid and low back pain with stabbing in her groin and left buttock and aching in the right lower extremity. The injured worker reported that acupuncture and transcutaneous electrical nerve stimulator unit were helpful. The physician noted that he injured worker was complaining of worsening neuropathic pain and was now noticing it in her right leg. The injured worker had never had a nerve study. Current diagnoses included lumbar disc herniation, lumbar spine radiculitis, low back pain, dysthymic disorder, lumbar post laminectomy syndrome, muscle pain, numbness and chronic pain syndrome. The treatment plan included electromyography/nerve conduction velocity test, continuing home exercise, transcutaneous electrical nerve stimulator unit and acupuncture and medications (Norco, Kadian, Zoloft, Xanax, Terocin, Motrin, Flector patch and Cyclobenzaprine).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS for the bilateral lower extremities:** Overturned

**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-Lumbar & thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: 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. The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica. Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001) With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: Nerve conduction studies (NCS) section: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah. 2006) However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. In this worker, there is evidence of radiculopathy as documented by subjective complaints and objective findings. The worker has diminished reflexes in the left ankle jerk and reduced motor strength in left knee extension and flexion. There is positive straight leg raise. There does not appear to be a recent electrodiagnostic study. This type of study can clarify which nerve roots have active ongoing denervation changes, and also can point out which levels are the most problematic. This cannot be accomplished via exam and imaging alone as the EMG/NCS is a functional test. Therefore, it is medically appropriate in this case.

**Alprazolam 0.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there appears to be long-term use of the medication despite the CA MTUS recommendation against long-term use. The worker has been on this medication since at least January 2014, and this exceeds guideline recommendations. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.