

Case Number:	CM15-0015180		
Date Assigned:	02/03/2015	Date of Injury:	05/03/2007
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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 Jersey
 Certification(s)/Specialty: Family Practice

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 45 year old female who sustained a work related injury on May 3, 2007, after falling down cement stairs when delivering mail and injuring her lower back, knees, right hip and head. Treatments included diagnostic imaging, physical therapy, anti-inflammatory medications and pain medications. Diagnoses included fractured sacrum, bilateral knee degenerative joint disease, bilateral patellofemoral syndrome, left knee ACL reconstruction in 1991 and bilateral hip labrum tear. Currently, in December, 2014, the injured worker presented upon examination, complaints of continuous right sided low back pain with numbness down into the leg and right lower extremity pain. On February 3, 2015, a request for a service of bilateral lower extremity electromyogram was non-certified and a prescription for Cyclobenzaprine 7.5mg, #30 was non-certified by Utilization Review, noting Medical Treatment Utilization Schedule Guidelines and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker the provider indicated that the nerve testing for the lower extremities was to "assess severity of LE symptoms" after the worker reported persistent low back pain and right leg radiation. However, the purpose of the testing is still not clear as there was no documentation of what would change in the treatment plan based on the results of nerve testing after prior examinations revealed correlating L4-5 reduced sensation on the right leg to the MRI results from 2013. The recent physical examination, however, indicated piriformis spasm causing at least part of these symptoms which would not require nerve testing to confirm. Therefore, the "EMG BLE" will be considered medically unnecessary, based on the evidence in the notes provided.

Cyclobenzaprine 7.5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, who reported intermittent low back spasm and pain, the chronic use of muscle relaxants, which is how the worker had been using cyclobenzaprine, is not recommended for this medication class. Also, there was insufficient evidence of long-term benefits with its regular use, as this was not fully documented in the notes available for review. Therefore, the cyclobenzaprine will be considered medically unnecessary.