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| Case Number: | CM15-0115074 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 01/05/2013 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female, who sustained an industrial injury on 1/5/13. She reported pain in her back, right knee, chest, ribs and right elbow. The injured worker was diagnosed as having right elbow medial epicondylitis, ulnar neuritis, internal derangement of the right knee, thoracic sprain, discogenic lumbar condition with facet inflammation and chronic pain syndrome. Treatment to date has included a TENs unit, an EMG/NCV of the upper extremities and a lumbar MRI on 1/21/15 showing L5-S1 central disc herniation with severe left L5 neural foraminal stenosis. Current medications include Methotrexate, Norco, Plaquenil, Prilosec, Zantac and Flexeril since at least 9/3/14. On 5/4/15, the treating physician noted a positive straight leg raise test on the right and positive lumbar discogenic maneuvers. As of the PR2 dated 5/18/15, the injured worker reports pain in her shoulders, back and knees. Objective findings include decreased lumbar range of motion and tenderness to palpation in the midline between L4 and sacrum. The treating physician requested an EMG/NCV of the bilateral lower extremities and Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 1/5/13. The medical records provided indicate the diagnosis of right elbow medial epicondylitis, ulnar neuritis, internal derangement of the right knee, thoracic sprain, discogenic lumbar condition with facet inflammation and chronic pain syndrome. Treatment to date has included a TENs unit, an EMG/NCV of the upper extremities and a lumbar MRI on 1/21/15 showing L5-S1 central disc herniation with severe left L5 neural foraminal stenosis. The medical records provided for review do not indicate a medical necessity for EMG of the left lower extremity. The medical records from the treating provider lacked details of lower extremities neurological complaints likely originating from the lower back; there was no focal lower extremity neurological examination in the notes from the treating provider; there was no information regarding heel toe walk, straight leg raise, sensory findings. However, another report from a different physical noted normal neurological findings in the lower extremities and upper extremities examination. The MTUS does not recommend electrodiagnostic studies, like EMG, except in cases of equivocal findings from clinical evaluation. This is because electrodiagnostic studies, and clinical evaluation provide similar physiologic information. The MTUS states, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained. 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." Therefore, this request is not medically necessary because it was not preceded by detailed lower extremities history and neurological examination showing equivocal findings.

EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 1/5/13. The medical records provided indicate the diagnosis of right elbow medial epicondylitis, ulnar neuritis, internal derangement of the right knee, thoracic sprain, discogenic lumbar condition with facet inflammation and chronic pain syndrome. Treatment to date has included a TENs unit, an EMG/NCV of the upper extremities and a lumbar MRI on 1/21/15 showing L5-S1 central disc herniation with severe left L5 neural foraminal stenosis. The medical records provided for review do not indicate a medical necessity for EMG of right lower extremity. The medical records from the treating provider lacked details of lower extremities neurological complaints likely originating from the lower back; there was no focal lower extremity neurological examination in the notes from the treating provider; there was no information regarding heel toe walk, straight leg raise, sensory findings. However, another report from a different physical

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NCV of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 1/5/13. The medical records provided indicate the diagnosis of right elbow medial epicondylitis, ulnar neuritis, internal derangement of the right knee, thoracic sprain, discogenic lumbar condition with facet inflammation and chronic pain syndrome. Treatment to date has included a TENs unit, an EMG/NCV of the upper extremities and a lumbar MRI on 1/21/15 showing L5-S1 central disc herniation with severe left L5 neural foraminal stenosis. The medical records provided for review do not indicate a medical necessity for NCV of left lower extremity. The medical records from the treating provider lacked details of lower extremities neurological complaints likely originating from the lower back; there was no focal lower extremity neurological examination in the notes from the treating provider; there was no information regarding heel toe walk, straight leg raise, sensory findings. However, another report from a different physical noted normal neurological findings in the lower extremities and upper extremities examination. The MTUS does not recommend electrodiagnostic studies, like NCV except in cases of equivocal findings from clinical evaluation. This is because electrodiagnostic studies, and clinical evaluation provide similar physiologic information. The MTUS states, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained. 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." Therefore, this request is not medically necessary because it was not preceded by detailed lower extremities history and neurological examination showing equivocal findings.

NCV of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 1/5/13. The medical records provided indicate the diagnosis of right elbow medial epicondylitis, ulnar neuritis, internal derangement of the right knee, thoracic sprain, discogenic lumbar condition with facet inflammation and chronic pain syndrome. Treatment to date has included a TENs unit, an EMG/NCV of the upper extremities and a lumbar MRI on 1/21/15 showing L5-S1 central disc herniation with severe left L5 neural foraminal stenosis. The medical records provided for review do not indicate a medical necessity for NCV of right lower extremity. The medical records from the treating provider lacked details of lower extremities neurological complaints likely originating from the lower back; there was no focal lower extremity neurological examination in the notes from the treating provider; there was no information regarding heel toe walk, straight leg raise, sensory findings. However, another report from a different physical noted normal neurological findings in the lower extremities and upper extremities examination. The MTUS does not recommend electrodiagnostic studies, like NCV except in cases of equivocal findings from clinical evaluation. This is because electrodiagnostic studies, and clinical evaluation provide similar physiologic information. The MTUS states, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained. 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." Therefore, this request is not medically necessary because it was not preceded by detailed lower extremities history and neurological examination showing equivocal findings.

Flexeril 7.5 mg #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 Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 1/5/13. The medical records provided indicate the diagnosis of right elbow medial epicondylitis, ulnar neuritis, internal derangement of the right knee, thoracic sprain, discogenic lumbar condition with facet inflammation and chronic pain syndrome. Treatment to date has included a TENs unit, an EMG/NCV of the upper extremities and a lumbar MRI on 1/21/15 showing L5-S1 central disc herniation with severe left L5 neural foraminal stenosis. The medical records provided for review do not indicate a medical necessity for Flexeril 7.5 mg #60. Flexeril (Cyclobenzaprine) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The recommended dosing of flexeril is 5-10 mg three times daily for 2-3 weeks. The records indicate the injured worker has been using this medication for sometime; therefore, the requested treatment is not medically necessary because this would exceed the 2-3 weeks limit recommended.