

<b>Case Number:</b>	CM15-0092551		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California  
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 52 year old male who sustained a work related injury October 2, 2013. Past history included; COPD (chronic obstructive pulmonary disease), hypertension, asthma, anxiety/depression, partial left knee meniscectomy May, 2014, and right shoulder arthroscopy, extensive debridement of shoulder, subacromial decompression, Mumford excision distal clavicle 1.2 cm October, 2014. According to a physician's first report of occupational injury, dated April 1, 2015, the injured worker presented with aching pain in the right shoulder, rated 6-7/10, with intermittent numbness to the last finger of the left hand. The pain of the right shoulder extends to the right elbow. He reports stabbing and aching pain along the sides of his abdomen radiating across his lower back, rated 10/10. There are frequent spasms and popping in the lower back and he is unable to stand for greater than 20 minutes. He has stabbing and aching pain in the left knee with weakness radiating into the bilateral lower extremities and the knee giving out frequently. Diagnoses are thoracic and lumbar spine pain and lumbar radiculopathy. Treatment plan included request for authorization for Cyclobenzaprine, CM3-Ketoprofen, chiropractic therapy, electrodiagnostic testing, and general orthopedic follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Antispasmodics - Cyclobenzaprine Page(s): 63 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine as a treatment modality. These guidelines state the following: Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As indicated in the above cited MTUS guidelines, this medication is only intended for short-term use. There is no documentation in the medical records to justify the chronic use of cyclobenzaprine. For this reason, cyclobenzaprine is not considered as a medically necessary treatment.

**CM3 - Ketoprofen 20% #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 and 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics including topical NSAIDs, such as Ketoprofen. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Regarding the use of topical NSAIDs, the MTUS guidelines state the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. In this case, the records do not provide sufficient documentation on the rationale for the use of topical ketoprofen. There is no documentation to indicate that the patient has the above cited conditions for which it may be recommended. Further, there is no documentation on the intended duration of use of this medication. Per the above cited guidelines, topical NSAIDs are recommended only for short-term use. For these reasons, the use of topical Ketoprofen is not considered as medically necessary.

**Trial of Chiropractic therapy 2 x 4, thoracic and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic manipulation as a treatment modality. Chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re- evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the initial request exceeds the number of sessions allowed based on the above cited guidelines; specifically 8 treatment sessions. In the Utilization Review process the request was modified to approve 6 sessions. Further approval will depend on documentation of objective functional improvement. In summary, Chiropractic Therapy 2 X 4 is not considered as medically necessary. The approved 6 sessions meets the requirements of the above cited guidelines.

**EMG/NCS of the bilateral lower extremities: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Electrodiagnostic Studies.

**Decision rationale:** The Official Disability Guidelines comment on the use of electrodiagnostic studies for low back complaints. These guidelines state that nerve conduction studies (NCS) are not recommended for low back conditions, and EMGs (Electromyography) are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. Below are the Minimum Standards from that chapter. Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the

following minimum standards: (1) EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy). (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) If both tests are done, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. (AANEM, 2009) Note: For low back NCS are not recommended and EMGs are recommended in some cases, so generally they would not both be covered in a report for a low back condition. In this case, NCS are not recommended for the assessment of low back complaints, while EMGs are recommended. Given that these two studies are submitted together, EMG/NCS of the bilateral lower extremities are not considered as medically necessary.

**General orthopedic follow up:** 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): Algorithm 12-3 and Algorithm 12-4.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the need for surgical consultation in the evaluation of patients with low back complaints. The sections of this chapter that are relevant to the request for orthopedic follow-up include Algorithm 12-3 and 12-4. Algorithm 12-3 provides recommendations for the evaluation of slow to recover patients with an occupational low back complaint. Referral to a orthopedic surgeon is based on the findings of an abnormal EMG. Algorithm 12-4 provides recommendations for patients with anatomic and physiologic evidence of nerve root compression. Again, orthopedic consultation is recommended for patients who meet these criteria for surgical consideration. In this case, it is unclear what the goals of a general orthopedic consultation are based on the request. Without clarity of the rationale for an orthopedic consultation, a general orthopedic follow-up appointment is not considered as medically necessary.

