

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 8/13/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	8/1/1994
IMR Application Received:	7/9/2013
MAXIMUS Case Number:	CM13-0001048

- 1) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV of the bilateral upper extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 90 units of Ibuprofen 800mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 30 units of Topamax 50mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for cervical facet Injection **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV of the Bilateral Upper Extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 90 units of Ibuprofen 800mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 30 units of Topamax 50mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for cervical facet Injection **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

“Primary treating physician's progress report dated 05/21/13 indicates that the claimant complains of aching shoulder pain with decreased range of motion. The claimant indicates that lifting worsens the condition. The pain is described as aching, burning, shooting and with numbness. The claimant states that it is painful to put the hand on the back. The pain goes through the right arm and hand, shoots up to the neck with heaviness. Severity of the condition is 4/10. The condition is located in the cervical spine and right shoulder. The claimant clearly relates having marked benefit with conservative treatment with chiropractic manipulation, and clinical massage therapy. Active medications include Ativan, Estradiol tablet, Fiorinal with Codeine, Flovent inhaler, Ibuprofen, Multivitamins, Topamax, Vicodin and Xopenex. The claimant has headaches, breathing difficulty and cough. Exam shows tenderness in the right paraspinal area of the cervical spine with restricted range of motion with the right shoulder due to muscle spasm, There is tenderness over the C2-C3, C3-C4, and C5-C6 facet capsules. In addition, there is positive Spurling's maneuver bilaterally, positive maximal foraminal compression testing bilaterally, and pain with Valsalva bilaterally. Tenderness at the occipital nerve bilaterally is noted as well. The claimant has radicular symptoms into the right hand. There is restricted range of motion in the right shoulder to 140 degrees with significant decrease in symptoms with testing. There is sensory deficit

in the right hand most notably to the first 3 fingers. There is tenderness at the lateral aspect of the shoulder joint, worse with overhead motions. There is decreased sensation to light touch at C6 and C8 dermatome on the right. Right shoulder x-ray dated 11/11/08 reveals moderate degenerative changes and spurring of the inferior surface of the acromioclavicular joint. X-ray of the cervical spine dated 11/11/08 reveals 1-2 mm anterolisthesis of C3-4 and C4-5 with flexion which completely reduces in extension. MRI of the cervical spine dated 01/06/09 shows multiple disc spaces with degenerative loss of signal, specifically at C2-3, C3-4, C4-5, and C5-6 levels. The claimant has been provided with dorsomedial diagnostic blocks of the cervical spine which confirmed the existence of the facet capsular tears and the claimant is status post occipital nerve root block, right sided, under fluoroscopy with Dr. [REDACTED], dated 07/22/11 with marked diagnostic benefit for cervicogenic migraine headaches. The provider recommends facet injections of the cervical spine, chiropractic care, clinical massage therapy, and EMG/NCV of bilateral upper extremities. The claimant has been prescribed with Ibuprofen 800 mg, Omega 3, Optimal pain control, Topamax 50 mg, Vicodin 5/500 mg and Butrans patch 5 mg. The claimant remains on permanent and stationary status. Claim review notes that on 11/07/12, the claimant received partial certification for Ibuprofen 800 mg x 2 month supply and partial certification for generic Topamax 50 mg x 2 month supply. On 06/08/12, the claimant received partial certification for Retrospective usage of generic Motrin and prospective usage of generic Motrin 800mg x 1 month supply. Non-certification was recommended for retrospective/prospective usage of Topamax 50mg. On 04/17/13, the claimant received partial certification for Ibuprofen 50mg x 2 month supply and partial certification for generic Topamax 50 mg x 2 month supply. The reviewing physicians indicate that partial certification for a 2 month supply was provided to allow opportunity for submission of medication compliance guidelines including ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication use. Otherwise, this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication noncompliance. Review of claim notes that on 04/17/13, contact with provider reveals that Dr. [REDACTED] is following guidelines but has not been documenting his compliance in regard to all medications. Dr. [REDACTED] now realizes the importance of documentation.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/09/2013
- Utilization Review Determination provided by Sutter Health dated 7/05/2013
- Medical Records dated from 7/19/2012 through 7/05/2013
- ACOEM Guidelines, 2004, 2nd Edition, Neck and Upper Back Complaints, EMG/NCV, pages 178-179
- Chronic Pain Medical Treatment Guidelines, 2009, Anti-Inflammatory Drugs, page 22
- Chronic Pain Medical Treatment Guidelines, 2009, Anti-Epilepsy Drugs, page 16
- ACOEM Guidelines 2004, 2nd Edition, Neck and Upper Back Complaints, Injections, pages 174-175

1) Regarding the request for EMG/NCV of the Bilateral Upper Extremities:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM Guidelines, 2004, 2nd Edition, Neck and Upper Back Complaints, EMG/NCV, pages 178-179, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the neck and shoulders in an accident on 8/01/1994. X-rays were taken of the right shoulder on 11/11/2008, and an MRI of the cervical spine taken on 1/06/2009 revealed degenerative changes. The employee received a right sided occipital nerve block on 7/22/2011 for cervicogenic migraine headaches, which resulted in improvement. The most recent medical report, dated 5/21/2013, indicated that the employee was experiencing aching shoulder pain with decreased range of motion. A request was made for EMG/NCV of the bilateral upper extremities.

ACOEM guidelines support EMG/NCV of the upper extremities to clarify nerve root dysfunction in cases of herniated disk preoperatively or before epidural injection. The submitted records do not document that surgery is anticipated or that epidural injections are under consideration. The records also only document findings on the right upper extremity and not the left. The request for EMG/NCV of the bilateral upper extremity is not medically necessary and appropriate.

2) Regarding the request for 90 units of Ibuprofen 800mg:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, Anti-inflammatory Drugs, page 22, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the neck and shoulders in an accident on 8/01/1994. X-rays were taken of the right shoulder on 11/11/2008, and an MRI of the cervical spine taken on 1/06/2009 revealed degenerative changes. The employee received a right sided occipital nerve block on 7/22/2011 for cervicogenic migraine headaches, which resulted in improvement. The most recent medical report, dated 5/21/2013, indicated that the employee was experiencing aching shoulder pain with decreased range of motion. The request was made for 90 units of Ibuprofen 800mg.

MTUS guidelines state that long term use of Ibuprofen may not be warranted because of potential side effects involving gastrointestinal, renal, and cardiac systems. The submitted medical records did not contain adequate documentation

of analgesic efficacy to support the request. The request for 90 units of Ibuprofen 800mg is not medically necessary and appropriate.

3) Regarding the request for 30 units of Topamax 50mg:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, Anti-Epilepsy Drugs, page 16. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the neck and shoulders in an accident on 8/01/1994. X-rays were taken of the right shoulder on 11/11/2008, and an MRI of the cervical spine taken on 1/06/2009 revealed degenerative changes. The employee received a right sided occipital nerve block on 7/22/2011 for cervicogenic migraine headaches, which resulted in improvement. The most recent medical report, dated 5/21/2013, indicated that the employee was experiencing aching shoulder pain with decreased range of motion. The request was made for 30 units of Topamax 50mg.

According to the MTUS, the primary use for Topamax is for diabetic poly neuropathy and post herpetic neuralgia. The submitted records contain no documentation of efficacy, functional benefit, or any adverse side effects of the requested medication. The request for 30 units of Topamax 50mg is not medically necessary and appropriate.

4) Regarding the request for cervical facet injection:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM Guidelines 2004, 2nd Edition, Neck and Upper Back Complaints, Injections, pages 174-175. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the neck and shoulders in an accident on 8/01/1994. X-rays were taken of the right shoulder on 11/11/2008, and an MRI of the cervical spine taken on 1/06/2009 revealed degenerative changes. The employee received a right sided occipital nerve block on 7/22/2011 for cervicogenic migraine headaches, which resulted in improvement. The most recent medical report, dated 5/21/2013, indicated that the employee was experiencing aching shoulder pain with decreased range of motion. The request was made for cervical facet injection.

ACOEM guidelines state that invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. The

submitted records on 7/13/2013 indicate that there were radicular symptoms into the right hand, which would preclude the employee from meeting the criteria for injections. The request for cervical facet injection is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.