MAXIMUS Federal Services

Case Number:	CM13-0021983		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2013
Decision Date:	03/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this patient has a 6/4/13 date of injury. At the time of request for authorization for Amitriptyline 4%, EMG Cervical spine, quantity1; NCV cervical spine, quantity 1; EMG Bilateral upper extremities, quantity 1; and NCV bilateral upper extremities; there is documentation of subjective (persistent neck discomfort that radiates towards both shoulders and upper arms with arm paresthesia that worsens after several minutes of neck flexion or lifting) and objective (decreased cervical range of motion, palpable trigger points overlying the bilateral trapezius musculature with radiating discomfort in a C6 dermatomal distribution, diminished sensation in a C6 dermatomal pattern, and positive Spurling maneuver) findings, imaging findings (CT of the cervical spine (7/19/13) report revealed multiple disc osteophyte complexes, including a C5-6 and C6-7 level of foraminal stenosis), current diagnoses (cervical trapezius strain, cervical radiculitis and presence of disc osteophyte complex at C4-5 and C5-6 and C6-7 levels per 7/19/13 CT scan), and treatment to date (modified activity and ice and heat therapy). Plan indicates electrodiagnostic study of the cervical spine and bilateral upper extremities to evaluate for objective findings of localized cervical radiculopathy, and amitriptyline 4% compound cream. Regarding the requested EMG Cervical spine, quantity1; NCV cervical spine, quantity 1; EMG Bilateral upper extremities, quantity 1; and NCV bilateral upper extremities, there is documentation that the radicular findings are explained by CT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 4%: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin, antidepressants, and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a plan indicating Amitriptyline 4% compound cream. Therefore, based on guidelines and a review of the evidence, the request for Amitriptyline 4% is not medically necessary.

EMG Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses cervical trapezius strain, cervical radiculitis and presence of disc osteophyte complex at C4-5 and C5-6 and C6-7 levels per 7/19/13 CT scan. In addition, given documentation of subjective findings (persistent neck discomfort that radiates towards both
shoulders and upper arms with arm paresthesia that worsens after several minutes of neck flexion or lifting) and objective findings (palpable trigger points overlying the bilateral trapezius musculature with radiating discomfort in a C6 dermatomal distribution, diminished sensation in a C6 dermatomal pattern, and positive Spurling maneuver), and conservative treatment (activity modification and ice and heat therapy), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of imaging findings (CT of the cervical spine identifying multiple disc osteophyte complexes, including a C5-6 and C6-7 level of foraminal stenosis), there is documentation that the etiology of the radicular symptoms is explained by imaging (CT). Therefore, based on guidelines and a review of the evidence, the request for EMG Cervical spine, quantity1 is not medically necessary.

NCV cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses cervical trapezius strain, cervical radiculitis and presence of disc osteophyte complex at C4-5 and C5-6 and C6-7 levels per 7/19/13 CT scan. In addition, given documentation of subjective findings (persistent neck discomfort that radiates towards both shoulders and upper arms with arm paresthesia that worsens after several minutes of neck flexion or lifting) and objective findings (palpable trigger points overlying the bilateral trapezius musculature with radiating discomfort in a C6 dermatomal distribution, diminished sensation in a C6 dermatomal pattern, and positive Spurling maneuver), and conservative treatment (activity modification and ice and heat therapy), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of imaging findings (CT of the cervical spine identifying multiple disc osteophyte complexes, including a C5-6 and C6-7 level of foraminal stenosis), there is documentation that the etiology of the radicular symptoms is explained by imaging (CT). Therefore, based on guidelines and a review of the evidence, the request for NCV cervical spine, quantity 1 is not medically necessary.

EMG Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses cervical trapezius strain, cervical radiculitis and presence of disc osteophyte complex at C4-5 and C5-6 and C6-7 levels

per 7/19/13 CT scan. In addition, given documentation of subjective findings (persistent neck discomfort that radiates towards both shoulders and upper arms with arm paresthesia that worsens after several minutes of neck flexion or lifting) and objective findings (palpable trigger points overlying the bilateral trapezius musculature with radiating discomfort in a C6 dermatomal distribution, diminished sensation in a C6 dermatomal pattern, and positive Spurling maneuver), and conservative treatment (activity modification and ice and heat therapy), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of imaging findings (CT of the cervical spine identifying multiple disc osteophyte complexes, including a C5-6 and C6-7 level of foraminal stenosis), there is documentation that the etiology of the radicular symptoms is explained by imaging (CT). Therefore, based on guidelines and a review of the evidence, the request for EMG Bilateral upper extremities, quantity 1 is not medically necessary.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses cervical trapezius strain, cervical radiculitis and presence of disc osteophyte complex at C4-5 and C5-6 and C6-7 levels per 7/19/13 CT scan. In addition, given documentation of subjective findings (persistent neck discomfort that radiates towards both shoulders and upper arms with arm paresthesia that worsens after several minutes of neck flexion or lifting) and objective findings (palpable trigger points overlying the bilateral trapezius musculature with radiating discomfort in a C6 dermatomal distribution, diminished sensation in a C6 dermatomal pattern, and positive Spurling maneuver), and conservative treatment (activity modification and ice and heat therapy), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of imaging findings (CT of the cervical spine identifying multiple disc osteophyte complexes, including a C5-6 and C6-7 level of foraminal stenosis), there is documentation that the etiology of the radicular symptoms is explained by imaging (CT). Therefore, based on guidelines and a review of the evidence, the request for NCV bilateral upper extremities is not medically necessary.