

Case Number:	CM13-0023343		
Date Assigned:	01/10/2014	Date of Injury:	05/31/2005
Decision Date:	03/19/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational 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 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 is a 53-year-old with a 5/31/05 date of injury. At the time of request for authorization for EMG of the right lower extremity, EMG of the arms, NCS of the right lower extremity, NCS of the arms, 12 Acupuncture sessions, Prescription of Vicoprofen 200/7.5mg #120, and Toradol 30mg injection, there is documentation of subjective (left shoulder pain with numbness in arm, pain at mid back, and right leg pain with numbness, and difficulty sleeping) and objective (awkward gait, Spurling's maneuver causing radicular symptoms on the left, tenderness at the cervical spine, and decreased sensation over the lateral foot on the right side) findings, imaging findings (MRI of the lumbar spine (2/25/13) report revealed multilevel degenerative disc disease with central posterior disc protrusions at T12-L3 levels and mild foraminal narrowing at L3-4 and L4-5), current diagnoses (cervicalgia, thoracic pain, lumbar radiculopathy, chronic pain syndrome, spinal arthritis, thoracic spine degenerative disc disease, lumbar disc displacement, low back pain, brachial neuritis or radiculitis, and cervicobrachial syndrome), and treatment to date (acupuncture (unknown amount) and medication (Norco long-term)). Report indicates functional benefit with pain medications. Plan indicates additional 12 visits of acupuncture, EMG/NCS to evaluate increasing numbness in the right lower extremity and arms, trial of Vicoprofen, and Toradol injection due to flare-up and increased pain. Regarding the requested EMG of the right lower extremity and NCS of the right lower extremity, there is no documentation that the etiology of the radicular symptoms is not explained by diagnostic studies. Regarding the requested EMG of the arms and NCS of the arms, there is no (clear) documentation of red flag conditions (suspected disk herniation) warranting surgical intervention. Regarding the requested 12 Acupuncture sessions, there is no documentation of the number of previous acupuncture treatments and if the number of treatments has already exceeded guidelines. In addition, there is

no documentation of objective improvement with previous treatment. Regarding the requested Prescription of Vicoprofen 200/7.5mg #120, there is no documentation of short term use with the requested Vicoprofen. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding the requested Toradol 30mg injection, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

IMR ISSUES, DECISIONS AND RATIONALES

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

An EMG (electromyogram) of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The Physician Reviewer's decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines (MTUS) support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The ODG states that electrodiagnostic studies are recommended (needle, not surface). Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of thoracic pain, lumbar radiculopathy, thoracic spine degenerative disc disease, lumbar disc displacement, and low back pain. In addition, there is documentation of subjective (right leg pain with numbness) and objective (decreased sensation over the lateral foot on the right side) findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (acupuncture and medication). However, given documentation of imaging findings (MRI of the lumbar spine identifying multilevel degenerative disc disease with central posterior disc protrusions at T12-L3 levels and mild foraminal narrowing at L3-4 and L4-5), there is no documentation that the etiology of the radicular symptoms is not explained by diagnostic studies. The request for an EMG (electromyogram) of the right lower extremity is not medically necessary or appropriate.

An EMG of the arms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 233. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Discectomy-Laminectomy-Laminoplasty Section.

Decision rationale: The Physician Reviewer's decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines (MTUS) 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. In addition, MTUS recommends EMG/NCV to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively. The 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 of cervicalgia, brachial neuritis or radiculitis, and cervicobrachial syndrome. In addition, there is documentation of subjective (left shoulder pain with numbness in arm) and objective (Spurling's maneuver causing radicular symptoms on the left) findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (acupuncture and medications). However, despite documentation of a plan indicating EMG/NCS to evaluate increasing numbness in the arms, there is no (clear) documentation of red flag conditions (suspected disk herniation) warranting surgical intervention. The request for and EMG of the arms is not medically necessary or appropriate.

An NCS (nerve conduction velocity exam) of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines (MTUS) support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The ODG states that electrodiagnostic studies are recommended (needle, not surface). Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of thoracic pain, lumbar radiculopathy, thoracic spine degenerative disc disease, lumbar disc displacement, and low back pain. In addition, there is documentation of subjective (right leg pain with numbness) and objective (decreased sensation over the lateral foot on the right side) findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (acupuncture and medication). However, given documentation of imaging findings (MRI of the lumbar spine identifying multilevel degenerative disc disease with central posterior disc protrusions at T12-L3 levels and mild foraminal narrowing at L3-4 and L4-5), there is documentation that the etiology of the radicular symptoms is explained by diagnostic studies. The request for an NCS (nerve conduction velocity exam) of the right lower extremity is not medically necessary or appropriate.

An NCS of the arms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints Page(s): 177, 233. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Discectomy-Laminectomy-Laminoplasty Section.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines (MTUS) 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. In addition, the MTUS recommends EMG/NCV to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively. The 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 of cervicalgia, brachial neuritis or radiculitis, and cervicobrachial syndrome. In addition, there is documentation of subjective (left shoulder pain with numbness in arm) and objective (Spurling's maneuver causing radicular symptoms on the left) findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment (medications). However, despite documentation of a plan indicating EMG/NCS to evaluate increasing numbness in the arms, there is no (clear) documentation of red flag conditions (suspected disk herniation) warranting surgical intervention. The request for is an NCS of the arms not medically necessary or appropriate.

Twelve sessions of acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, thoracic pain, lumbar radiculopathy, chronic pain syndrome, spinal arthritis, thoracic spine degenerative disc disease, lumbar disc displacement, low back pain, brachial neuritis or radiculitis, and cervicobrachial syndrome, and a plan indicating additional 12 visits of acupuncture. In addition,

there is documentation of previous acupuncture visits, functional deficits, and functional goals. However, there is no documentation of the number of previous acupuncture treatments and if the number of treatments have already exceeded guidelines. In addition, there is no documentation of objective improvement with previous treatment. The request for twelve sessions of acupuncture is not medically necessary or appropriate.

Vicoprofen 200/7.5 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, the Chronic Pain Medical Treatment Guidelines identifies Vicoprofen (hydrocodone/ibuprofen) is recommended for short term use only (generally less than 10 days). Within the medical information available for review, there is documentation of diagnoses of cervicalgia, thoracic pain, lumbar radiculopathy, chronic pain syndrome, spinal arthritis, thoracic spine degenerative disc disease, lumbar disc displacement, low back pain, brachial neuritis or radiculitis, and cervicobrachial syndrome. However, despite documentation of a plan indicating trial of Vicoprofen (hydrocodone/ibuprofen), and given documentation of long-term use with hydrocodone, there is no documentation of short term use with the requested Vicoprofen. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The request for Vicoprofen 200/7.5 mg, 120 count, is not medically necessary or appropriate.

A Toradol 30 mg injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Ketorolac (Toradol).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies Toradol is not indicated for minor or chronic painful conditions. The ODG identifies documentation of short term use (≤ 5 days) for moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Toradol injection. Within the medical

information available for review, there is documentation of diagnoses of cervicalgia, thoracic pain, lumbar radiculopathy, chronic pain syndrome, spinal arthritis, thoracic spine degenerative disc disease, lumbar disc displacement, low back pain, brachial neuritis or radiculitis, and cervicobrachial syndrome. However, despite documentation of a plan indicating Toradol injection due to flare-up and increased pain, and given documentation of a diagnosis of chronic pain syndrome, there is no (clear) documentation of moderately severe acute pain that requires analgesia at the opioid level. The request for Toradol 30 mg injection is not medically necessary or appropriate.