

<b>Case Number:</b>	CM13-0037405		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/19/2007
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/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:

The patient is a 58-year-old male who was injured on August 29, 2007 when he hit his head and face against a steel gate. Prior treatment history has included omeprazole 20mg, physical therapy, and home exercise program. The progress report dated July 31, 2013 documented the patient to have complaints of increased low back pain and abdominal pain with nausea from pills. He reported severe tinnitus, fatigue and insomnia. He also reported increased headaches and irritability but no GI complaints. Objective findings on exam revealed decreased sensation in left arm and hand and left side of the face. He has positive dysmetria and positive Romberg positive Barany Hallpike. He has decreased abduction in the left arm at 100 degrees. The patient is diagnosed with posttraumatic head syndrome, left CNV-abnormal EEG and neuro-psyche testing; injury left shoulder SLAP tear status post surgery on October 12, 2009. The patient was recommended and prescribed omeprazole, Topamax, Meclizine; polysomnogram to rule out obstructive sleep apnea; EMG/NCS of bilateral upper extremities and bilateral lower extremities for lower back radiating pain; an EEG to rule out post-traumatic seizures; and V/Q stimulator replacement supplies for shoulder pain. Prior utilization review dated October 14, 2013 states the requests for Omeprazole; Meclizine; Topamax; Polysomnogram; EMG Bilateral Upper Extremities; NCS Bilateral Upper Extremities; EMG Bilateral Lower Extremities; NCS Bilateral Lower Extremities; EEG (Electroencephalogram); 3T MRI of the Brain with DTI; and Supplies and repair of the V/Q Stimulation Device are denied as there is no documented evidence to support the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole (20mg, #30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines notes that proton-pump inhibitors (PPIs) are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that he is at an intermediate or high risk for GI events. Therefore, the medical necessity of this medication is not established.

**Meclizine (25mg): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Meclizine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com website, Meclizine-Hydrochloride, (<http://www.drugs.com/monograph/meclizine-hydrochloride.html>)

**Decision rationale:** Meclizine is used to treat or prevent nausea, vomiting, and dizziness caused by motion sickness. It is also used to treat symptoms of vertigo (dizziness or spinning sensation) caused by disease that affects your inner ear. There is an absence in documentation noting that this medication is providing any benefit. The patient has been using this medication for some time and continues with the same complaints and worsening of symptoms. Therefore, the medical necessity of this medication is not established.

**Topamax (300mg): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Convulsants Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti Epileptics.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has objective findings of radiculopathy on exam or that he has neuropathy. Additionally, specific doses and quantity not provided. Long term use of this medication have not provided any functional improvement. Therefore, the medical necessity of this request is not established.

**Polysomnogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM) Guidelines, polysomnography; and on the Non-MTUS Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography; and on the Non-MTUS National Library of Medicine's MedlinePlus Database (<http://www.nlm.nih.gov/medlineplus>)

**Decision rationale:** The Official Disability Guidelines note that polysomnography is recommended for the following:(1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above-mentioned symptoms, is not recommended. There is an absence in documentation noting that this claimant meets any of the indication for the requested testing. Psychiatric etiology has not been excluded. Therefore, the medical necessity of this request is not established.

**Electromyogram (EMG, of the bilateral upper extremities): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Summary of Recommendations and Evidence, Electrodiagnostic Studies..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM Practice Guidelines reflect that a needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

**Nerve Conduction Studies (NCS, of the bilateral upper extremities): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Summary of Recommendations and Evidence, Electrodiagnostic Studies..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

**Electromyogram (EMG, of the bilateral lower extremities):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-08, Electrodiagnostic Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Electromyography

**Decision rationale:** The ACOEM Practice Guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

**Nerve Conduction Studies (NCS, of the bilateral lower extremities):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-08, Summary of Recommendations for Evaluating and Managing Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies.

**Decision rationale:** The Official Disability Guidelines reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

**EEG (electroencephalogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, EEG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, (EEG) Neuro Feedback.

**Decision rationale:** The Official Disability Guidelines notes that EEG (electroencephalography) is a well-established diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. Information generated includes alterations in brain wave activity such as frequency changes (nonspecific) or morphologic (seizures). There is an absence in documentation noting that this claimant has seizures or other indications for this procedure. Therefore, the medical necessity of this request is not established.

**3T MRI of the brain with Diffusion Tensor Imaging (DTI):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, MRI Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, MRI (Magnetic Resonance Imaging)

**Decision rationale:** The Official Disability Guidelines notes that indications for magnetic resonance imaging are to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; to define evidence of acute changes superimposed on previous trauma or disease. In this case, there is an absence in documentation noting that this claimant has any acute changes to support the medical necessity of this request. Therefore, the request is not medically necessary.

**SUPPLIES AND REPAIR OF THE V/Q STIMULATION DEVICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular, Electrical Stimulation Page(s): 121. Decision based on Non-MTUS Citation VQ OrthoCare Website, Multi-Modality Interferential Stimulator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrical Stimulators, as well as the Non-MTUS VQ OrthoCare Website, OrthoStim, SurgiStim, (<http://www.vqorthocare.com>)

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines notes that electrical stimulators are not recommended as a primary treatment modality. There is an absence in documentation noting functional and documented improvement. There are no pain dairies quantifying his functional improvement with the stim device. Therefore, the medical necessity of this request is not established.