

Case Number:	CM13-0038219		
Date Assigned:	12/18/2013	Date of Injury:	06/13/2013
Decision Date:	06/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 & 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 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:

This 51 year-old male sustained an injury on 6/13/13 while employed by the [REDACTED]. Requests under consideration include Neurontin and EMG/NCV bilateral lower extremities. A report of 9/11/13 from [REDACTED] noted the patient with complaints of left knee pain on medial side with quadriceps muscles spasms and numbness sensations with tingling affecting entire left knee. An exam of the left knee showed obvious swelling, tenderness to palpation, decreased range of motion, decreased light touch sensation, and decreased strength to 4/5. An MRI of the left knee has impression of findings compatible with lateral meniscal tear; mild thinning and irregularity of articular cartilage of lateral tibial plateau; 1 cm sub-chondral cyst within lateral tibial plateau; unusual presentation of bipartite patella, old non-union fracture fragment or area of heterotopic ossification. Diagnoses include left knee pain- likely internal derangement; Myofascial pain syndrome. Treatment plan included medications, steroid injection, activity modification and EMG/NCV of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The MTUS Chronic Pain Guidelines states Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Submitted reports have not adequately demonstrated the specific indication to support for Neurontin without clinical findings of neuropathic pain as they are attributable to left knee joint pain consistent with MRI findings. There is no mention of functional improvement from previous treatment with Neurontin. The request for Neurontin is therefore not medically necessary and appropriate.

EMG/NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The ACOEM Guidelines states, "Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.)." The medical records provided for review do not indicate specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis. The requested EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.