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| Case Number: | CM13-0053443 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/27/2011 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

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:

The injured worker is a 55-year-old who sustained an industrial injury on October 27, 2011. This occurred while pulling a client into a van. Electromyography and nerve conduction studies on June 18, 2013 documented evidence of right C6 radiculopathy, right carpal tunnel syndrome, and left carpal tunnel syndrome. Cervical MRI showed disc osteophyte complexes and moderate central canal narrowing at C5-6 and C6-7. The disputed issue is a request for a repeat electrodiagnostic study, aquatic therapy, and Lyrica. A utilization review determination on October 25, 2013 had denied the repeat electrodiagnostic study. The stated reason was that "there has not been a significant change in clinical presentation or acute neurologic findings" since the last electrodiagnostic study was performed. The same determination specified that aquatic therapy was not medically necessary since there were "no exceptional clinical factors such as significant obesity to substantiate the need for this request." The request for Lyrica was modified to allow a one-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for repeat (EMG) Electromyography/Nerve Conduction Velocity Test (NCV):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Neck & Upper Back (updated 05/14/13), Electromyography, Nerve Conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Page(s): 4.

Decision rationale: In the case of this injured worker, the requesting healthcare provider cites two main reasons for the repeat electrodiagnostic study. In a progress note on November 14, 2013, there is documentation that the patient's neuropathic symptoms in the right upper extremity had been progressively worsening since her previous study. Electromyography and nerve conduction studies on June 18, 2013 documented evidence of right C6 radiculopathy, right carpal tunnel syndrome, and left carpal tunnel syndrome. It is not clear what additional information can be gained from repeating any electrodiagnostic study which already document cervical radiculopathy. It is not appropriate to monitor a clinically worsening patient with repeat electrodiagnostic studies. The emphasis should be on interventions to help with worsening of symptomatology. The second reason for the request for repeat electrodiagnostic study was that the original study had inconsistencies. There is no documentation of any attempt to contact the original electromyographer to first try to resolve any inconsistencies in the study. Furthermore, there does not appear to be inconsistencies in the report: the report states there is "no electrodiagnostic evidence of a right upper extremity plexopathy or other mononeuropathy" which implies other mononeuropathy aside from the median neuropathy that was mentioned earlier. I do not see an inconsistency, and an attempt should be made to the original electromyographer to resolve any inconsistencies in the study rather than repeat the study again. This request is recommended for noncertification.

The request for aqua therapy initial evaluation plus 2 x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: In the case of this injured worker, there is documentation of chronic neck pain, cervical radiculopathy, carpal tunnel syndrome, and chronic low back pain. The patient has made some improvement with land-based physical therapy, but there is documentation of significant obesity with a body mass index of 36.3. Aquatic therapy is appropriate in cases of obesity to reduce the stress of weight-bearing, and this request is recommended for certification.

The request for Lyrica 150mg twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: In the case of this injured worker, the utilization review had allowed the prescription for Lyrica given the documentation of neuropathic pain. This patient has a diagnosis of carpal tunnel syndrome as well as cervical radiculopathy. Since the original request do not specify a timeframe, it is appropriate to allow a one-month supply (as per the utilization review determination), and have the patient follow-up to determine efficacy and side effect profile of this medication.