

Case Number:	CM13-0060925		
Date Assigned:	03/21/2014	Date of Injury:	03/18/2012
Decision Date:	08/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine 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 injured worker is a 48-year-old female who sustained an injury on 03/18/12 while picking up boxes. The injured worker developed complaints of pain in the head and neck radiating to the upper extremities as well as low back pain radiating to the lower extremities that was constant and severe in nature. Prior conservative treatment had included the use of physical therapy. Previous electrodiagnostic studies were reported as inconclusive. The injured worker had previously been prescribed Gabapentin which was discontinued due to the lack of efficacy. Other medications included Venlafaxine and Diclofenac for pain. The injured worker was seen on 09/19/13 with complaints of continuing low back pain as well as difficulty with anxiety. The medications at this evaluation were reported to include Gabapentin and Xanax. The injured worker also described complaints of pain in the head and neck radiating to the upper extremities with associated numbness and tingling in the upper extremities, right side worse than left. The injured worker reported that a large component of her neck and upper extremity complaints were in the upper extremities. Physical examination noted full range of motion in the cervical spine with no evidence of tenderness to palpation. Spurling's sign was negative. There was tenderness at the lateral epicondyle to the left with positive Tinel's signs to the left. There was some loss of range of motion of the bilateral wrists with a positive Tinel's sign to the left. Mild weakness was noted on wrist extension bilaterally, left worse than right. No sensory loss was identified with the exception of the bilateral median nerve distribution. The injured worker was continued on Diclofenac, Gabapentin, and Xanax at this evaluation. There was a recommendation for electrodiagnostic studies as well as acupuncture therapy. Follow up on 10/24/13 noted no significant change in the injured worker's symptoms. Physical examination findings also remained unchanged. There was a recommendation for a trial of Vicodin 5/500mg every 12 hours, quantity 60 for pain. Per the appeal letter on 11/14/13, electrodiagnostic studies were

recommended to rule out cervical radiculopathy. The requested Vicodin 5/500mg every 12 hours, quantity 60 and electromyography (EMG)/NCS (nerve conduction study) studies of the bilateral upper extremities were denied by utilization review on 11/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg, every twelve (12) hours, #60 for pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker had ongoing musculoskeletal complaints severe in nature that were not substantially improved with the use of Gabapentin or Xanax. Per CA MTUS guidelines, Vicodin as a short acting narcotic can be considered as an option to treat moderate to severe musculoskeletal complaints. Given the injured worker's persistent symptoms that had not improved with first line medications for pain, a trial of Vicodin as prescribed as medically necessary. As such, the request for Vicodin 5/500mg, every twelve (12) hours, #60 for pain is certified.

Electromyography (EMG) of the bilateral upper extremities: 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), Neck and Upper Back, Electrodiagnostic studies and Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the reports submitted for review, the injured worker was recommended for electrodiagnostic studies to rule out evidence of cervical radiculopathy. Previous electromyography (EMG) studies for the injured worker were negative for evidence of radiculopathy. There did not appear to be any substantial change in the injured worker's complaints. The injured worker's physical examination findings were also not consistent with a cervical radiculopathy. There was no evidence of a positive Spurling's sign and no previous MRI (magnetic resonance imaging) studies of the cervical spine were provided for review that were fairly non-diagnostic in nature. Therefore, the request for electromyography (EMG) of the bilateral upper extremities is not medically necessary and appropriate.

Nerve conduction study (NCS) of the bilateral upper extremities: 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), Neck and Upper Back, Electrodiagnostic studies and Nerve conduction study (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the reports submitted for review, the injured worker was recommended for electrodiagnostic studies to rule out evidence of cervical radiculopathy. Previous electrodiagnostic studies for the injured worker were negative for evidence of radiculopathy. There did not appear to be any substantial change in the injured worker's complaints. The injured worker's physical examination findings were also not consistent with a cervical radiculopathy. There was no evidence of a positive Spurling's sign and no previous MRI (magnetic resonance imaging) studies of the cervical spine were provided for review that were fairly non-diagnostic in nature. Therefore, the request for nerve conduction study (NCS) of the bilateral upper extremities is not medically necessary and appropriate.