

Case Number:	CM13-0063008		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2003
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Illinois. 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 is a 64-year-old male patient with a date of injury of 09/25/2003. The mechanism of injury reportedly was that the patient was bringing a wheelbarrow down a hill backwards; and in doing so, he lost control and fell over a wall that was approximately 6 to 7 feet high, landing on his head, resulting in a deep laceration and loss of consciousness for a short period of time. Medications as of 12/11/2013 were methadone 10 mg 1 tab every 4 to 6 hours for pain. The diagnoses were cervical radiculopathy, cervical degenerative disc disease, right shoulder pain and headaches. The plan was for the patient to continue with the medication regimen. The patient was instructed to walk for exercise, continue a home exercise program, continue with medications and to follow up with his primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The California MTUS Guidelines recommend methadone as a second-line drug for moderate to severe pain. On 12/11/2013, the patient presented reporting decreased pain since the last visit. Although his activity level had decreased, the patient reported compliance with medications. The patient reported was unable to move, get out of the house, shop for food or do any activities without the opiate medication. The patient reported that the last time he tapered his medication, he was unable to go outside of the house. He rated his pain at a 2/10 with the aid of the medication. The requested medication does not meet the medical necessity criteria based on the information presented.

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NCV) TESTING OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: California MTUS/ACOEM Guidelines state that NCV would help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms. Criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction. Although there were some deficits from objective findings, there were no current diagnostic or imaging studies provided with the documentation of subtle focal neurological dysfunction lasting more than three or four weeks. The prospective request for 1 nerve conduction velocity of the bilateral upper extremities is non-certified.

A CERVICAL EPIDURAL STEROID INJECTION AT C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain if radiculopathy is corroborated by diagnostic studies or imaging. On physical examination of the cervical spine on 12/11/2013, the objective findings were no cervical lordosis, asymmetry or abnormal curvature noted on inspection. As for the thoracic spine, there was no scoliosis, asymmetric or abnormal curvature noted on inspection of the thoracic spine as well as no limitation in range of motion. Paravertebral muscles were normal. In the documentation submitted for review, there were no current diagnostic or imaging studies to corroborate radiculopathy; and although there were some deficits found on examination, the request is non-certified.