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| Case Number: | CM14-0001357 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 09/07/1996 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 Orthopedic Surgery 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 female, who was injured on 09/07/96, due to an unknown mechanism of injury. The current diagnoses included discogenic diseases cervical spine with left C7 radiculitis. The clinical note dated 12/03/13 indicated that the patient presented with low back pain with left sciatica to the calf and heel in addition to neck pain radiating down the arm to the left ulnar three (3) fingers. The objective findings included pain down the neck to the left arm to the ulnar three (3) fingers on neural foraminal compression, tenderness over the neurovascular bundle and ulnar aspect of the left arm, tenderness over left iliolumbar angle and left sciatic notch, and radicular pain down the posterior calf of left leg. The patient underwent a cervical block on 10/13 and received pain relief for approximately two (2) months. The medications included cyclobenzaprine 7.5mg twice a day, Norco 10/325mg every six to eight (6-8) hours as needed, and naproxen 550mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325 MG, #120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 OPIOIDS Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of one (1) prescription of Norco 10/325mg #120, with three (3) refills cannot be established at this time.

ELECTROMYOGRAPHY (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212,33,261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-193,253-285.

Decision rationale: The MTUS/ACOEM Guidelines indicate that an electromyography/nerve conduction velocity (EMG/NCV) is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. Electromyography is not recommended for the diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. There is minimal justification for performing nerve conduction studies when a patient was already presumed to have symptoms on the basis of radiculopathy. The guidelines also indicate that carpal tunnel syndrome must be proved by positive findings on clinical evaluation and the patient must be a surgical candidate prior to nerve conduction studies. An EMG is recommended only in cases where a diagnosis was difficult with nerve conduction studies. The patient does not exhibit symptoms consistent with carpal tunnel syndrome (CTS). Additionally, the patient has previously been denied cervical surgical intervention. As such, the request for electromyography (EMG) cannot be recommended as medically necessary at this time.

NERVE CONDUCTION STUDY (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212,33,261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-193,253-285.
Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004), , HAND, WRIST AND FOREARM DISORDERS-CARPAL TUNNEL SYNDROME, ELECTRODIAGNOSTIC STUDIES.

Decision rationale: The MTUS/ACOEM Guidelines indicate that an electromyography/nerve conduction velocity (EMG/NCV) is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. An electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. There is minimal justification for performing nerve conduction studies when a patient was already presumed to have symptoms on the basis of radiculopathy. The guidelines also indicate that carpal tunnel syndrome must be proved by positive findings on clinical evaluation and the patient must be a surgical candidate prior to nerve conduction studies. An EMG is recommended only in cases where a diagnosis was difficult with nerve conduction studies. The patient does not exhibit symptoms consistent with carpal tunnel syndrome (CTS). Additionally, the patient has previously been denied cervical surgical intervention. As such, the request for a nerve conduction study (NCS) cannot be recommended as medically necessary at this time.