

<b>Case Number:</b>	CM14-0105049		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine 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:

The injured worker is a 46-year-old female who reported an injury on 10/29/2012 while helping to disassemble a tented structure held up by 10 to 12 foot long poles. She attempted to lift 1 end with her employer and in the process, the pole fell and landed on her head. Diagnoses were cervical radiculopathy, cervical strain, tension headache, post concussion syndrome, cervical facet syndrome, cervical pain, spasm of muscle. Past treatments were physical therapy and 4 treatments of acupuncture. Diagnostic studies were an MRI of the cervical spine on 11/14/2012 that revealed mild multilevel degenerative disc disease from the C4, C5, C6, C7 with minimal posterior annular tear and disc bulge at the C6-7; also mild to moderate posterior central and left paracentral disc bulge with mild central canal narrowing. C7-T1 revealed mild hypertrophic changes in the left uncovertebral joint without significant neural foraminal narrowing or spinal stenosis. MRI of the lumbar spine on 06/24/2013 revealed spondylolisthesis at the L4-5 and spinal stenosis at that level. There was a left sided disc protrusion at the L3-4. Surgical history was not provided. Physical examination on 03/19/2014 revealed complaints of poor sleep. Examination of the cervical spine revealed nervus to right posterior cervical region. Range of motion was restricted with flexion limited to 15 degrees, extension was to 5 degrees, right lateral bending was limited to 10 degrees, left lateral bending was to 5 degrees. There was tenderness noted at the lumbar facet joints. Spurling's maneuver caused pain in the muscles of the neck that radiated to the upper extremity. Motor testing was limited by pain. Motor strength of grip was a 5-/5 on both sides, wrist extensors were 5-/5 on both sides, elbow flexors were 5-/5 on both sides. Sensation to pinprick was decreased over the C3-T1 dermatomes on the left versus right on the left side. Medications were Pristiq and Neurontin. Treatment plan was for an EMG of the bilateral lower extremities, acupuncture, Neurontin, and chronic pain followup visits. The rationale and request for authorization was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

**Decision rationale:** The decision for Neurontin 300 mg quantity 30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is 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. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Acupuncture sessions for flare-ups (quantity and frequency unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The decision for acupuncture sessions for follow ups (quantity and frequency unknown) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious injured worker, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker had 4 treatments of acupuncture. Reduction of pain was reported to last about 2 days after a treatment. The quantity and frequency of the acupuncture was not reported. Therefore, this request is not medically necessary.

**One EMG of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** The decision for 1 EMG of the bilateral upper extremities is medically necessary. The California ACOEM states physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex test, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The injured worker had a decreased sensory examination over the C3-T1 dermatomes. Reflexes for upper and lower extremities were normal. Motor strength was decreased in the upper extremities. Due to the findings, this request is medically necessary.

**Follow-up visits for chronic pain (frequency unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Follow-up Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits

**Decision rationale:** The decision for followup visits of chronic pain (frequency unknown) is not medically necessary. Office visits are recommended to be medically necessary. Evaluation and management for the outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the injured worker is taking, since some medications, such as opiates, or medications such as certain antibiotic, require close monitoring. As injured worker conditions are extremely varied, set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual injured worker independence from the healthcare symptoms through self care as soon as clinically feasible. The rationale for the followup visits for chronic pain was not submitted. It was not reported how often the injured worker needed to be seen. Therefore, the request is not medically necessary.