

<b>Case Number:</b>	CM14-0012969		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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, has a subspecialty in 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:

This is a 46-year-old female with a 10/29/12 date of injury. The mechanism of injury describes a head injury when a pole fell on top of her and fell to the ground without loss of consciousness. A 2/19/14 progress report describes neck pain radiating down both arms. Gabapentin resulted in nausea and the patient was only taking ibuprofen. The patient also has jaw pain since the injury that has been locking up and waking her up at night. A physical exam showed limited range of motion, tenderness at the facet joints on the left and positive Spurling's. There was slight 5-/5 weakness on both sides. Sensory was decreased from C3-T1. A cervical spine MRI was repeated on 11/14/12 showing mild degenerative disease, mild-moderate posterior central disk bulges with mild canal narrowing and no significant foraminal narrowing or spinal stenosis. There has been completion of physical therapy that has not been helpful. There has been completion of acupuncture that has been somewhat helpful. The medications listed include Ibuprofen, Pristiq, and Atorvastatin. A 1/22/14 progress report describes neck pain and sleep continues to be significantly decreased and that she has started snoring. The physical exam was the same as the 2/19/14 report. Authorization for sleep study, cervical epidural, electrodiagnostic studies, and ongoing follow-up were requested. A 12/2/13 letter of reconsideration describes that the electrodiagnostic studies are to evaluate for cervical radiculopathy or to rule-out carpal tunnel syndrome. There is persistent neck pain with headaches radiating down to the arms. The physical exam shows decreased sensation to pinprick from C3-T1. The patient has worsening symptoms reasonable enough to warrant investigation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION BETWEEN 12/11/2013 AND 1/31/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guidelines.

**Decision rationale:** The prior determination was reviewed stating that documentation of radiculopathy was not clear. It is noted that the patient has "radiating" pain in the upper extremities however the physical examination is quite global with diminished sensation from C3-T1 and slight motor weakness globally. This does not correlate to any specific root syndrome. There is no described anatomic impingement on the MRI. The MTUS guidelines state that epidural injections are indicated in those patients with radicular pain and that radiculopathy must be documented by physical examination and corroborated by imaging studies. This has not been demonstrated; therefore the request is not medically necessary.

**SLEEP STUDY BETWEEN 12/11/2013 AND 1/31/2014:** 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) Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The ODG criteria for a polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. There is no documentation of excessive daytime somnolence. It has not been established that there has been unresponsiveness to behavior intervention. In addition, the ODG states that a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not medically necessary.

**EMG BILATERAL UPPER EXTREMITIES BETWEEN 12/11/2013 AND 1/31/2014:**  
Upheld

**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 guidelines would justify additional electrodiagnostic testing when radiculopathy is not clear or when there is evidence of multilevel stenosis and there is a need to identify the levels with active involvement. In this case, there is no evidence of anatomic impingement on the MRI and there is no clear documentation of radiculopathy. The letter of appeal states that the clinical presentation is "highly suggestive of radiculopathy". A review of the records does not establish this diagnosis, or the need for electrodiagnostic studies. Therefore the request is not medically necessary.

**GABAPENTIN 300MG #30 BETWEEN 12/11/2013 AND 1/31/2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GABAPENTIN (NEURONTIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** The prior determination was reviewed. Gabapentin is recommended as a first line option for neuropathic pain. This request was modified from 60 tablets down to 30 tablets. In the context of this request, it is stated that Gabapentin 300 mg 30 tablets. There is documentation of radiating pain into the upper extremities and global sensory disturbances. In this case, the MTUS guidelines have been met and it is medically necessary to continue this medication.

**ON GOING FOLLOW UP VISITS FOR TREATMENT OF CHRONIC PAIN BETWEEN 12/11/2013 AND 1/31/2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** It was recommended that patient receive on-going follow-up for treatment of chronic pain. The MTUS guidelines describes the need for follow-up visits when there is alteration in job duties, after appreciable healing or recovery, to counsel the patient about medication use, activities, and other concerns. Considering the nature of this claimant's complaints and ongoing recommendations for procedures, the ongoing need for follow-up visits is medically necessary.