

Case Number:	CM14-0111119		
Date Assigned:	08/01/2014	Date of Injury:	03/08/2010
Decision Date:	09/04/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 & 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:

The injured worker is a 50-year-old female who reported an injury on 03/08/2010. The mechanism of injury was not provided. The injured worker has diagnoses of lumbago, low back pain, myofascial pain syndrome/fibromyalgia and cervical pain/cervicalgia. Past treatments included medications and acupuncture. Current medications included OxyContin 30 mg 1 tablet every 8 hours, Oxycodone 30 mg 1 tablet every 4 hours, Limbrel 500 mg 1 capsule twice a day and Ativan 1 mg 1 tablet every night. On 04/03/2013, the injured worker complained of aching, constant, and ongoing neck and back pain. Her medications helped some, but most were not strong enough. Her night medications were too strong. She also had aching bilateral arm pain. The pain was an 8/10 with medications. The examination of the spine revealed tenderness as well as decreased flexion, extension, rotation, left lateral bending and right lateral bending. There was tenderness at the lumbar spine and tenderness at the facet joints as well as decreased flexion, extension and lateral bending. The treatment plan was to change up the pain medications and to continue with acupuncture. On 06/12/2014, the injured worker complained of vomiting, hypertension, neck pain, stiffness, insomnia, anxiety and depression. She was sensitive to light and sound. The MRI showed interval change with fusion and foraminal stenosis at C3-4. Medication helped with the pain in the neck, but not the headaches. She also had numbness and tingling down the right arm. The pain was a 10/10 with the medications. On exam of the head and neck, there was decreased flexion, extension, left lateral bending and right lateral bending of the cervical spine. There was tenderness at the lumbar spine and tenderness at the facet joints as well as decreased flexion, extension and lateral bending. The treatment plan was to recommend an EMG/ NCV for the cervical spine and right upper extremity, deep tissue massage for the neck and upper back, and continued use of medications. Botox injections were recommended due to daily headaches, which are lasting longer and severe. The request is for an

EMG of the right upper extremity, NCS of the right upper extremity, NCS of the cervical spine, Botox injections for the headaches and deep massage therapy for the neck and upper back with the frequency and duration not indicated. The Request for Authorization is dated 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation, Neck & Upper Back Procedure Summary.

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

Decision rationale: The request for an EMG of the right upper extremity is not medically necessary. The injured worker has a history of neck pain with headaches. ACOEM states that Electromyography (EMG), and Nerve Conduction Velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The documentation states that the injured worker complained of neck pain with headaches. The MRI showed interval change with fusion and foraminal stenosis at C3-4. There is a lack of documentation of neurologic deficits. There is a lack of documentation of conservative care and observation. As such, the request is not medically necessary.

NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation, Neck & Upper Back Procedure Summary.

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

Decision rationale: The request for an NCS of the right upper extremity is not medically necessary. The injured worker has a history of neck pain with headaches. ACOEM states that Electromyography (EMG), and Nerve Conduction Velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The documentation states that the injured worker complained of neck pain with headaches. The MRI showed interval change with fusion and foraminal stenosis at C3-4. There is a lack of documentation of neurologic deficits. There is a lack of

documentation of conservative care and observation. As such, the request is not medically necessary.

NCS of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation, Neck & Upper Back Procedure Summary.

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

Decision rationale: The request for an NCS of the cervical spine is not medically necessary. ACOEM states that Electromyography (EMG), and Nerve Conduction Velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. There is limited documentation of neurologic deficits indicating peripheral neuropathy. As such, the request is not medically necessary.

Botox injections (headaches): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc), pages 25-26 Page(s): 25-26.

Decision rationale: The request for Botox injections (for headaches) is Not medically necessary. The injured worker has a history of neck pain with headaches. The CA MTUS Guidelines state that Botulinum toxin (Botox) is not generally recommended for chronic pain disorders and is not recommended for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections; however, it is recommended for cervical dystonia. The injured worker complained of neck pain with headaches; however, the guidelines do not recommend Botox for headaches. As such, the request is not medically necessary.

Deep massage therapy (neck, upper back) (frequency and duration not indicated): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, page 60 Page(s): 60.

Decision rationale: The request for Deep Massage Therapy for the neck and upper back (frequency and duration not included) is not medically necessary. The injured worker has a history of neck pain and headaches. California MTUS Guidelines recommend massage therapy that is limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. There is no clear rationale for the request. It is unclear if the massage will be performed in conjunction with another treatment, such as exercise. There is a lack of documentation for the medical necessity at this time. As such, the request is not medically necessary.