

Case Number:	CM14-0134382		
Date Assigned:	09/19/2014	Date of Injury:	05/20/2013
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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, 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 patient is a 45-year-old male who has submitted a claim for cervicalgia associated with an industrial injury date of 05/20/2013. Medical records from 03/17/2014 to 08/25/2014 were reviewed and showed that patient complained of neck pain graded 5-6/10 with no associated numbness or tingling. Physical examination revealed decreased cervical ROM, hypesthesia along right median nerve distribution, and intact MMT and DTRs of lower extremities. MRI of the cervical spine dated 11/11/2013 revealed mild C5-6 uncovertebral arthropathy. EMG/NCV study of upper extremities dated 07/23/2014 revealed focal neuropathy on the right median nerve at the elbow. Treatment to date has included Norco 10/325mg (quantity not specified; prescribed since at least 03/30/2014) and other pain medications. Of note, there was pain relief for unspecified duration was reported with Norco use. However, objective documentation of functional outcome with Norco use was not available. There was no documentation of current participation in rehabilitation program. Utilization review dated 08/14/2014 modified the request for Norco 10/325mg #60 to Norco 10/325mg #45 for the purpose of weaning. Utilization review dated 08/14/2014 certified 6 sessions of acupuncture because acupuncture trial was warranted at that time. Utilization review dated 08/14/2014 denied the request for unknown EMG/NCV because there was minimal justification for performing nerve conduction studies when a patient was presumed to have symptoms on the basis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 10/325mg (quantity not specified) since at least 03/30/2014). However, objective documentation of functional outcome such as pain relief and functional improvement with Norco use was not available to support continuation of Norco use. Therefore, the request for Norco 10/325 #60 is not medically necessary.

Acupuncture therapy sessions (unknown quantity/duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, it is unclear as to whether the patient is actively participating in a rehabilitation program. The guidelines recommend acupuncture as adjunct to physical rehabilitation. The request likewise failed to specify the number of acupuncture visits and body part to be treated. Therefore, the request for Acupuncture therapy sessions (unknown quantity/duration) is not medically necessary.

EMG (unknown body part): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrodiagnostic Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back(Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if

severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of neck pain graded 5-6/10 with no associated numbness or tingling. Physical examination revealed decreased cervical ROM, hypesthesia along right median nerve distribution, and intact MMT and DTRs of lower extremities. The patient's clinical manifestations were inconsistent with focal neurologic deficit to support EMG study. The request likewise failed to specify the body part to undergo EMG. Therefore, the request for EMG (unknown body part) is not medically necessary.

NCV (unknown body part): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrodiagnostic Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of neck pain graded 5-6/10 with no associated numbness or tingling. Physical examination revealed decreased cervical ROM, hypesthesia along right median nerve distribution, and intact MMT and DTRs of lower extremities. The patient's clinical manifestations were inconsistent with symptoms of neuropathy to support NCV study. The request likewise failed to specify the body part to undergo NCV. Therefore, the request for NCV (unknown body part) is not medically necessary.