

Case Number:	CM14-0157129		
Date Assigned:	09/30/2014	Date of Injury:	09/15/2001
Decision Date:	10/30/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 56-year-old male who reported an injury on 09/15/2001 when, while filming a scene on a television show and laying on a hospital gurney and being restrained while fighting, he developed pain in his neck and lower back. His diagnoses were history of multiple level cervical fusion, intractable cervical pain, cervical radiculopathy, chronic lumbar pain, history of left shoulder surgery with residual pain, history of right knee arthroscopic surgery with residual pain, right wrist tendinosis, and depression and anxiety. Past treatments were medications, physical therapy, acupuncture, a TENS unit, nerve blocks, and back support. Surgical was appendectomy, left shoulder surgery, left inguinal hernia repair, cervical spine surgery times 2, right inguinal hernia repair, and right knee surgery. The physical examination on 08/26/2014 revealed ongoing neck pain and stiffness. The pain was located at the base of the neck. The pain radiated into the right shoulder and right upper extremity to the hand with numbness and tingling. The injured worker reported frequent headaches, which he associated with the neck pain. The injured worker also reported difficulty with sleeping and wakens with pain and discomfort. The pain level was reported to become worse throughout the day. The pain was rated a 1/10. The neck pain was rated an 8/10. There were complaints of ongoing pain at the right hand/wrist. Complaints of numbness and tingling that extended to the forearm and radiated to the hand and fingers. The pain was rated a 9/10. There were complaints of ongoing low back pain and stiffness. It was reported that the level of pain became worse throughout the day. There were complaints of right knee popping, clicking, and grinding with motion. The examination of the cervical spine revealed tenderness to palpation over the paravertebral, trapezius, deltoid, and rhomboids with moderate spasm. There was decrease in range of motion for the cervical spine. Reflexes for the biceps, triceps, and brachioradialis were at 1/2 bilaterally. Motor strength was 5/5 bilaterally. The examination of the lumbar spine revealed a decrease in range of motion.

Patellar and Achilles tests were 2/2, right and left bilaterally. Motor strength for the lower extremities was 5/5. There was decreased sensation of the posterior calf/outer foot, bilaterally. A CT myelogram of the cervical spine revealed nerve root compromise seen bilaterally at the C3-4 and C6-7. Medications were naproxen, Neurontin, Norco, and Prilosec. The treatment plan was for the injured worker to undergo a spinal cord stimulation trial, and EMG/NCV of the bilateral upper extremities, and physical therapy. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The decision for Norco is not medically necessary. The California MTUS/ACOEM Practice Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The 4 A's for ongoing management of an opioid medication were not reported. The request does not indicate a frequency or a quantity for the medication. Therefore, this request is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The decision for Prilosec is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The request does not indicate a frequency, milligram or quantity for the

medication. The efficacy of this medication was not reported. There was a lack of objective documentation to support the continued use of this medication. Therefore, this request is not medically necessary.

18 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The decision for 18 physical therapy sessions is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for the treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The injured worker is expected to have transitioned to a home exercise program. Reasons why a home exercise program could not be continued for further gains were not reported. Previous physical therapy outcomes were not reported. The clinical information submitted for review does not provide evidence to justify 18 physical therapy sessions. Therefore, this request is not medically necessary.

Nerve Conduction Velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The decision for an NCV of the bilateral upper extremities is not medically necessary. The California ACOEM states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are an emergence of a red flag, physiological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. Electromyography (EMG) and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The physical

examination did not reveal any type of neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution. There were no red flags on the physical examination. The clinical information submitted for review does not provide evidence to justify a decision for an NCV of the bilateral upper extremities. Therefore, this request is not medically necessary.

Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The decision for an EMG of the bilateral upper extremities is not medically necessary. The California ACOEM states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are an emergence of a red flag, physiological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. Electromyography (EMG) and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The physical examination did not reveal any type of neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution. There were no red flags on the physical examination. The clinical information submitted for review does not provide evidence to justify a decision for an EMG of the bilateral upper extremities. Therefore, this request is not medically necessary.