

Case Number:	CM14-0168770		
Date Assigned:	10/16/2014	Date of Injury:	12/19/2007
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 19, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; prior cervical epidural steroid injection therapy; prior lumbar epidural steroid injection therapy; prior right shoulder surgery; and work restrictions. In a Utilization Review Report dated September 8, 2014, the claims administrator denied a request for MRI imaging of the neck, denied a request for MRI imaging of the low back, denied a request for electrodiagnostic testing of the upper extremities, denied a request for electrodiagnostic testing of the lower extremities, approved an internal medicine consultation, approved a neurology consultation, approved a follow-up visit, and denied Carisoprodol. The applicant's attorney subsequently appealed. On September 9, 2014, the applicant apparently transferred care to a new primary treating provider. The applicant had had prior shoulder surgery, it was acknowledged. The applicant had developed issues with stress, depression, and anxiety. The applicant had alleged representation, it was alleged, on the grounds that several requested treatments have been denied by the claims administrator. 8-9/10 neck pain, 10/10 shoulder pain, 10/10 low back pain, nausea, vomiting, diarrhea, heartburn, sleep disturbance, insomnia, anxiety, and psychological stress were noted. The applicant was reportedly working with 25-pound lifting limitation in place. The applicant's medication list included Neurontin, Prilosec, Ativan, Ambien, Percocet, Advil, Maalox, and Gas-X. AcipHex, 60 tablets of Carisoprodol with two refills, and Gabapentin were endorsed, along with MRI imaging of the lumbar spine and cervical spine. A rather proscriptive 10-pound lifting limitation was endorsed. The attending provider suggested that the employer might be unable to accommodate said limitation. The applicant was given

diagnoses of cervical radiculopathy and lumbar radiculopathy. The applicant was given presumptive diagnoses of cervical and lumbar radiculopathy. In an earlier note dated July 14, 2014, it was acknowledged that the applicant had previous epidural steroid injections and had evidence of cervical disk degeneration at C5-C6. On June 17, 2014, it was stated that the applicant was pursuing epidural injections at C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the neck: 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): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine in applicants whose history and physical presentation is consistent with a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, there was no mention of the applicant's actively considering or contemplating any further invasive procedure involving the cervical spine. It was not clearly stated how the proposed cervical MRI imaging would influence or alter the treatment plan. Historical progress notes suggested that the applicant already had an established diagnosis of cervical radiculopathy, radiographically confirmed, seemingly obviating the need for what appears to be repeat imaging of the neck/cervical spine. Therefore, the request is not medically necessary.

One MRI of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there was no mention of the applicant's considering or contemplating any kind of surgical intervention involving the lumbar spine. No compelling rationale for the proposed low back MRI was furnished by the attending provider. Therefore, the request is not medically necessary.

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is "not recommended" for a diagnosis of nerve root involvement if findings of history, physical exam, and imaging studies are consistent. In this case, the applicant, as noted previously, seemingly carries a diagnosis of clinically-evident, radiographically-confirmed cervical radiculopathy. The applicant has already undergone multiple cervical epidural steroid injections. The applicant's prior treating provider was seemingly of the opinion that earlier cervical MRI imaging had definitely established a diagnosis of cervical radiculopathy. The electrodiagnostic testing at issue, thus, by definition, is superfluous. Therefore, the request is not medically necessary.

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a diagnosis of clinically obvious radiculopathy is "not recommended" for a diagnosis of clinically obvious radiculopathy. In this case, the attending provider's progress notes suggested that the applicant already carried a diagnosis of clinically-evident, radiographically-confirmed lumbar radiculopathy status post multiple epidural steroid injections for the same. It was not clearly stated how the proposed electrodiagnostic testing would influence the treatment plan. The fact that the applicant had undergone epidural injections for an established diagnosis of lumbar radiculopathy, however, would seemingly obviate the need for the electrodiagnostic testing at issue. Therefore, the request is not medically necessary.

Carisoprodol 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol section Page(s): 65.

Decision rationale: As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for longer than a two- to three-week

period. In this case, the 60-tablet two-refill supply implies chronic, long-term, and/or scheduled usage of Carisoprodol. Such usage, however, is incompatible with page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.