

Case Number:	CM14-0174787		
Date Assigned:	11/04/2014	Date of Injury:	04/12/2001
Decision Date:	12/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 79 year old female with date of injury 4/12/01 that occurred when she slipped and fell landing on her back on a cement floor. The treating physician report dated 9/10/14 indicates that the patient presents with chronic pain affecting the cervical spine (8-9/10), Bilateral shoulder pain (8-9/10), Left hand/wrist (7-9/10), lumbar spine (7-8/10) and bilateral knees (7-9/10). The physical examination findings reveal decreased cervical and lumbar ROM, tenderness and trigger points L4-S1, decreased sensation C6/7 and L4/5 and muscle weakness of the deltoid, triceps, tibialis anterior and EHL. The patient has previously had carpal tunnel release on the left. The current diagnoses are cervical and lumbar radiculopathy, cervical and lumbar spondylosis, upper and lower extremity radiculitis, chronic pain syndrome, neuropathic pain of the upper and lower extremities and insomnia. The utilization review report dated 10/1/14 denied the request for EMG/NCV of the BUE and BLE, CT scan lumbar, CT scan cervical, comprehensive metabolic panel, Lunesta, Zanaflex, Tylenol #4 and 12 PT sessions based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE & BLE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for EMG/NCV BUE & BLE. The treating physician report dated 9/10/14 states that the EMG nerve conduction studies of the upper and lower extremities are still pending. The treating physician states in the 8/13/14 report that an EMG/NCV is required to rule out peripheral neuropathy, carpal tunnel syndrome and radiculopathy. There is no information provided in the reports reviewed that the patient has previously had electrodiagnostic studies performed. MTUS guidelines do not address electrodiagnostic studies. The ODG guidelines state, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case the treating physician has requested EMG/NCV testing to clarify the patient's current condition and determine if radiculopathy vs. carpal tunnel syndrome is present. There is nothing in the records provided to indicate that the patient has previously had upper or lower extremity EMG/NCV testing. The ODG Guidelines states, "EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, and peripheral neuropathy." The physician has documented complaints of pain numbness and tingling affecting the upper and lower bilateral extremities and there are positive orthopedic tests indicating carpal tunnel syndrome as well as muscle weakness and diminished reflexes found in the 8/13/14 and 9/10/14 examinations. The physician in this case has requested bilateral EMG/NCV of the upper and lower extremities which is supported by ODG. Recommendation is for authorization.

CT scan of lumbar spine: 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) Neck & Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic chapter for CT

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for CT scan of lumbar spine. The treating physician states, "I recommend CAT scan of the cervical and lumbar spine to evaluate the discs and nerves and also the facet joints to rule out any significant facet arthropathy." The ODG guidelines support CT scans but there is specific criteria for CT scans. In this case the treating physician has made a request to evaluate

discs, nerves and facet joints and ODG only supports CT scan following spine trauma with equivocal or positive plain films, neurological deficits, fractures, myelopathy, pars defects and to evaluated successful fusion if plain films do not confirm fusion. None of the supported criteria has been documented as required by ODG. Recommendation is for denial.

CT scan of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back chapter for CT

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for CT scan of cervical spine. The treating physician states, "I recommend CAT scan of the cervical and lumbar spine to evaluate the discs and nerves and also the facet joints to rule out any significant facet arthropathy." The ODG guidelines support CT scans but there is specific criteria for CT scans. In this case the treating physician has made a request to evaluate discs, nerves and facet joints and ODG only supports CT scan of the cervical spine following cervical spine trauma with severe pain, normal plain films and no neurological deficit or in cases with cervical spine trauma and equivocal or positive plain films with or without neurological deficit. In this case the treating physician has not documented any cervical x-ray findings that require further CT evaluation. Recommendation is for denial.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>)

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for a Comprehensive Metabolic Panel. The treating physician report dated 8/13/14 states, "A comprehensive metabolic panel was ordered today." The treating physician has not documented any red flags for fracture, tumor or infection that would require a comprehensive blood panel. The MTUS and ODG guidelines do not address the request of a Comprehensive Metabolic Panel. However, for chronic NSAID usage, The American College of Rheumatology recommends hemoglobin or hematocrit is recommended at baseline and during the first year if

the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this patient, the treating physician does not identify any such risk factors or subjective complaints. Recommendation is for denial.

Lunesta 3mg #30: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Eszopicolone (Lunesta

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for Lunesta 3mg #30. The treating physician states, "The patient was given refill prescriptions for the following medications: Lunesta 3mg one po, qhs, prn #30 for insomnia." The ODG guidelines support the usage for Lunesta for short-term usage only 2-3 weeks. In this case the patient has been prescribed Lunesta since at least 8/13/14 and refill for this medication is not supported by the ODG guidelines. Recommendation is for denial.

Zanaflex 4mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63,66.

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for Zanaflex 4mg #60. The treating physician states that Zanaflex is prescribed for spasms. The treating physician does not discuss the effects of the patient utilizing Zanaflex specifically. The treater does state, "The patient states these medications provide 70% relief with increased activities of daily living." MTUS page 66 supports Zanaflex for low back pain, myofascial pain and for fibromyalgia. MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. In this case, the treating physician does indicate that patient experiences significant relief of pain and improved function with medication usage. Recommendation is for authorization.

Tylenol #4, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,89.

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for Tylenol #4, #90. The treating physician states, "The patient was given refill prescriptions for the following medications: Tylenol #4 po, tid, prn, #90 for pain." The MTUS guidelines support the usage of Tylenol with Codeine for the treatment of pain. However, MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's(analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case the treating physician has provided a generic statement, "The patient states these medications provide 70% relief with increased activities of daily living. The treater in this case has failed to document the patient's pain levels with and without medication and there is nothing to indicate that improved function is being measured on a numerical scale or validated instrument. MTUS requires much more documentation for opioids to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, recommendation is for denial and slow weaning per MTUS.

Twelve (12) Physical therapy lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with chronic pain affecting chronic pain affecting the cervical spine, bilateral shoulders, left hand/wrist, lumbar spine and bilateral knees. The current request is for Twelve (12) Physical therapy lumbar and cervical spine. The treating physician states, "At this moment, the patient is recommended to begin physical therapy to the cervical and lumbar spine and bilateral hands 2x6." The MTUS guidelines allow 8-10 therapy visits for neuritis and myalgia type symptoms. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for denial.