

<b>Case Number:</b>	CM14-0022080		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 employee is a 34-year-old male who sustained a work related injury on August 10, 2008. The injured employee was most recently seen on April 28, 2014 and complained of low back pain and numbness and tingling in his bilateral lower extremities as well as left knee pain. Physical examination on this date notes an antalgic gait and tenderness to the lower back. There was a diagnosis of low back pain with lower extremity radiation due to an L5 radiculopathy and spondylolisthesis at L5-S1, discogenic cervical pain, and left knee pain as well as sexual dysfunction, depression, sleeps issues, nightmares, and paranoia. A referral to psychiatry and pain management was recommended. Prescriptions included Norco, promethazine, Valium, Protonix, trazodone, Effexor, and Gabapentin. An independent medical review was performed on February 12, 2014, which did not recommend requests for nerve conduction studies, acupuncture, naproxen, knee x-rays, and the psychiatric referral. A request for Effexor was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EFFEXOR SR 75MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Effexor Page(s): 123.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend SNRI antidepressants such as Effexor as a first-line treatment option for neuropathic pain and is recommended for over the usage of tricyclic antidepressants. The attached medical record indicates the injured employee has a history of neuropathic pain radiating to the lower extremities. This request for Effexor is certified.

**12 ACUPRESSURE SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** Neither the California MTUS Chronic Pain Medical Treatment Guidelines or the Official Disability Guidelines addresses acupressure treatment. While the use of acupuncture, manual therapy and manipulation, and by massage therapy are all endorsed by the Chronic Pain Medical Treatment Guidelines, this is not acupressure per se. Without any peer-reviewed evidence-based medicine supporting the use of acupressure for chronic pain the request for Acupressure is not medically necessary.

**NCV OF THE UPPER AND LOWER EXTREMITIES:** 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 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The chronic pain medical treatment guidelines endorses the use of electromyogram (EMG) testing but not that of nerve conduction velocity (NCV) for diagnosis of lower extremity radiculopathy. Similarly, the Official Disability Guidelines does not support the use of nerve conduction studies for the lumbar spine and states there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured employee has already had three nerve conduction studies of the lower extremities. It is unclear why a fourth study should be pursued. This request for nerve conduction studies of the upper and lower extremities is not recommended.