Case Number:	CM14-0032180		
Date Assigned:	06/20/2014	Date of Injury:	03/28/2013
Decision Date:	10/31/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 40 year-old male was reportedly injured on March 28, 2013. The most recent progress note, dated February 4, 2014, indicates that there are ongoing complaints of neck and left shoulder pain. The physical examination demonstrated cervical changes, lumbar stiffness and no specific neurologic findings. Diagnostic imaging studies: lumbar disc herniation, cervical disc herniation and degenerative facet changes. Previous treatment includes epidural steroid injections and multiple medications. A request had been made for electro-diagnostic assessment and multiple medications and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the 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): 287.

Decision rationale: As outlined in the MTUS, these electrodiagnostic assessments are indicated when there are subtle neurologic findings or imaging studies are equivocal. The most recent

progress note dated February 2014 demonstrated ongoing complaints of pain. However, there were no noted changes on physical examination from this February assessment to suggest the need for electrodiagnostic testing. The changes on MRI, reported with the March 28, 2013 progress note, reported multiple level changes that appear to be degenerative in nature. When considering the most recent progress note (February 2014) that noted a decrease cervical spine range of motion and that the decreased sensation and a decreased motor function better cause multiple dermatomes tempered by the previous note dated March 28, 2013, (which noted the same physical examination findings), there is no increase in the subtle neurologic differences to establish the medical necessity established for this procedure.

Electromyogram (EMG) of the Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303.

Decision rationale: As outlined in the MTUS, the indication for such a study requires physical examination evidence of subtle focal neurologic dysfunction and low back symptoms. It is noted on the current 2014 progress note that the current symptoms have been present for less than 4 weeks. However when considering the treatment to date and the rather normal physical examination findings reported there were no neurologic findings on physical examination, and as such, there is no medical necessity established for this electro-diagnostic procedure at this point.

Nerve Conduction Velocity (NCV) Study of the 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): 287.

Decision rationale: As outlined in the MTUS, these electrodiagnostic assessments are indicated when there are subtle neurologic findings. The most recent progress notes (February 2014) note ongoing complaints of pain but there is nothing noted on physical examination to suggest the need for additional electrodiagnostic testing. No subtle neurologic findings are reported. The changes on MRI appear to be degenerative in nature. There is no medical necessity established for this procedure.

Nerve Conduction Velocity (NCV) Study of the Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As outlined in the MTUS, the indication for such a study requires physical examination evidence of subtle focal neurologic dysfunction and low back symptoms. It is noted in the current 2014 progress note that the current symptoms have been present for less than 4 weeks. However, when considering numerous clinical interventions (injection therapy, medications, and pain management interventions, the non-acute physical findings reported, and a complete lack of any physical examination evidence to suggest a nerve root compromise, there is no medical necessity established for this diagnostic procedure at this point.

Prescription of Amitramadol-DM Ultracream 4/20/10% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: CA MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs for analgesics for treatment of the above noted diagnosis. Referring to the most recent progress note of 2014, there is no discussion as to the rationale for this medication request. With this, there is no medical necessity at this time.

Prescription of Restone 3/100mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/cdi/restone.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chronic pain chapter, Clinical measures, antidepressants (electronically cited)

Decision rationale: This is a combination of melatonin and tryptophan. This would constitute a nutritional supplement. As outlined in the ACOEM guidelines, chronic pain chapter, this is not recommended for chronic pain as there is insufficient evidence noted in a literature. There is no meaningful benefit from the use of these products. Additionally, the progress note of February 2014 did not place anything in the narrative relative to the efficacy or utility of this nutritional supplement. As such, the medical necessity has not been established.

Prescription of Gabaketolido 6/20/6.15% Cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: This topical compounded preparation includes the medication lidocaine. This medication has limited applications and is to be used after there is objective occasion that other preparations are not appropriate. Based on the information provided for review, this has not been established and there is no discussion as to the rationale for this request. With this, this application is not medically necessary.

Retrospective Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: When noting the cervical spine and shoulder injury sustained, the medicines employed to address these complaints, guidelines, and the current physical examination of February, 2014; there is no evidence in this narrative to suggest the use of inappropriate drugs or diversion of prescribed medications. As such, there is no need to assess the presence of illegal drugs or other issues. Therefore, based on the records for review this is not medically necessary.