MAXIMUS Federal Services

Case Number:	CM14-0052866		
Date Assigned:	07/07/2014	Date of Injury:	10/12/2005
Decision Date:	08/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine & Rehabilitation and Pain Management 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:

This patient is a 47-year-old female with date of injury 10/12/2005 and possibly 05/20/2004. Per treating physician's report 03/11/2014, patient has persistent severe neck pain, right upper extremity pain along with chronic daily headaches. Patient was seen a couple of years ago by a vascular surgeon for thoracic outlet problems and was recommended for surgery. She subsequently saw different doctors who did not support surgery, but the patient indicates that she is ready to have it. Examination showed positive Adson's maneuver, normal deep tendon reflexes, weak handgrip strength on the right side, normal distal pulse, decreased sensation along the right deltoid and biceps area. Listed diagnoses:1. Status post cervical fusion x2 with residual.2. Right thoracic outlet syndrome, greater than left.3. Chronic daily headaches with migraine component.4. Disorder of sleep, secondary to nonrestorative sleep.5. Psychological factors affecting the physical condition.Recommendations were Botox therapy, repeat EMG (Electromyography) and nerve conduction studies right upper extremities, repeat Somatosensory evoked potential (SSEP) studies in the neutral and hyper abducted positions for thoracic outlet condition, and physical therapy to treat thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) and nerve conductions for bilateral upper extremities to include F waves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with chronic neck, upper extremity pain worse on the right side. Patient also has migrainous headaches. Patient has a history of multiple cervical fusion surgery and has also been diagnosed with potential thoracic outlet syndrome. The request is for updated EMG/NCV (Electromyography / Nerve Conduction Velocity) studies with the treating physician providing the documentation that the patient is not able to tolerate the pain, and she wants to proceed with previously proposed thoracic outlet syndrome. ACOEM guidelines do support use of EMG/NCV studies to determine peripheral neuropathy versus carpal tunnel syndrome versus radiculopathies. However, this patient already had electrodiagnostic studies performed in the past. While the patient continues to complain of significant pain, there does not appear to have been any change in the patient's clinical presentation. The patient and the treating physician are frustrated with the patient's persistent symptoms which appear to have prompted the request for updated studies. The treating physician does not indicate when the last electrodiagnostic studies were obtained and what the results were. MTUS guidelines page 8 require that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, the patient already had electrodiagnostic studies in the past. This report was not provided for this review. However, there is no significant change in the patient's clinical presentation other than persistent complaints and increased pain. Therefore, the request for EMG (Electromyography) and nerve conductions for bilateral upper extremities to include F waves is not medically necessary and appropriate.

Somatosensory evoked potential studies (SSEPs) in the neutral and hyper abducted positions bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Somatosensory evoked potential and Evoked potential studies.

Decision rationale: This patient presents with persistent neck pain, right upper extremity pain. The request is for Somatosensory evoked potential (SSEP) in neutral and hyper abducted positions bilaterally. While MTUS guidelines do not specifically discuss SSEP, ODG guidelines states that it is recommended for unexplained myelopathy, unconscious spinal cord patients. It is not recommended for radiculopathies, peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. In this case, electrodiagnostic studies, namely EMG/NCV studies, were already performed. The current question at hand is that of potential brachial plexus injury which can be diagnosed with EMG/NCV studies. SSEP would not be recommended or

supported per guidelines in this situation. Therefore, the request for somatosensory evoked potential studies in the neutral and hyper abducted positions bilaterally is not medically necessary and appropriate.

Two Botox chemodenervation 100 units for migraine headaches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc)(MTUS Page(s): 25,26.

Decision rationale: This patient presents with severe migrainous headaches. The patient has history of multiple cervical fusion surgery and potential thoracic outlet syndrome as diagnoses. The request is for Botox injection to address the patient's migrainous headaches. However, MTUS guidelines specifically states that Botox injection is indicated for cervical dystonia but not for chronic neck pain, myofascial pain, or migrainous headaches. Therefore, the request for two Botox chemodenervation 100 units for migraine headaches is not medically necessary and appropriate.

Fioricet 50/300/40 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet ,Barbiturate-containing analgesic agents (BCAs) Page(s): 47,23.

Decision rationale: This patient presents with chronic migrainous headaches and chronic neck pain with history of cervical fusion. The request is for Fioricet #90. MTUS guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain. As such, the request for Fioricet 50/300/40 mg #90 is not medically necessary and appropriate.

Clonazepam 5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic migrainous headaches and chronic neck pain with history of multiple cervical fusion surgery. The request is for Clonazepam 5 mg. MTUS guidelines do not support use of Benzodiazepines for chronic pain. If it is used, it is only recommended for short-term use. In this case, the treating physician does not indicate in his

notes that this medication is to be used for short term or less than 30 days. Therefore, the request for Clonazepam 5 mg is not medically necessary and appropriate.