MAXIMUS Federal Services

Case Number:	CM14-0053040		
Date Assigned:	07/07/2014	Date of Injury:	07/21/2013
Decision Date:	10/08/2014	UR Denial Date:	04/10/2014
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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old male with a work injury dated 7/12/13. The diagnoses include lumbar strain, rule out disc herniation; multilevel lumbar disc protrusions per magnetic resonance imaging (MRI) scan with bilateral lower extremity radicular pain; acute cervical strain, rule out disc herniation; internal medicine issues. Under consideration is a request for Tylenol No. 3 # 60; urine drug screen; MRI of the cervical spine; electromyography (EMG) of bilateral upper extremities; nerve conduction velocities (NCV) of bilateral upper extremities; consultation with an internist. There is a primary treating physician report describing an office visit on 1/23/14. The patient states that he has pain regarding the pain that affects his cervical spine and lumbar spine. He has been taking Tylenol #3 and reports improvement in his pain levels from 8/10 to 5/10 on a pain scale of O to 10 after taking medications. Review of systems is positive for tinnitus, polyuria, fatigue. Exam of the cervical spine revealed limited range of motion. There was tenderness to palpation noted over the trapezius and paravertebral muscles bilaterally. There was hypertonicity noted over the trapezius muscles bilaterally. There was positive Spurling's test bilaterally. There was normal strength 5/5 at C5, C6, C7, and C5 bilaterally. There was normal sensation 5/5 at C5 and C6 nerve roots bilaterally. There was decreased sensation 4/5 at C7 and C5 bilaterally. Examination of the lumbar spine revealed limited range of motion. There was tenderness to palpation noted over the para spinal muscles bilaterally. There was hypertonicity noted over the paraspinal muscles bilaterally. There was positive Kemp's test bilaterally. Straight leg raise test was positive. The treatment plan states that the patient presents with worsening pain in his low back. He is also having worsening pain in his neck. This was not mentioned in the initial report however it is noted, that the patient did injure his neck as well as his low back during his industrial incident while lifting a patient. A review of an MRI of his thoracic spine

shows some severe spinal stenosis in the cervical spine. Given the findings on thoracic spine MRI as well as continued neck pain and radicular pain, there is a recommendation for a MRI of the cervical spine to evaluate this further given accurate representation of the underlying stenosis in the cervical spine. The documenting physician felt that this likely accounts for the radicular pain and numbness in both upper extremities and he would like to confirm this with an EMG and nerve conduction study of both upper extremities to evaluate for cervical radiculopathy versus peripheral process. In any event, he will be starting physical therapy today for his lumbar spine. He will continue temporary total disability, continue medications for pain, no refills are needed. He is requesting a referral to an internist specifically him on an internal medicine consultation basis. Tylenol #3 was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 77-80,83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Tylenol No. 3 # 60 is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The California (MTUS) guidelines state to discontinue opioids if there is no overall improvement in function and pain. There is no indication on the documentation submitted that there has been evidence of significant functional improvement on Tylenol #3 therefore the request is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction, Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain- urine drug testing

Decision rationale: Urine drug testing is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines. The California MTUS guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The California MTUS states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs.. The ODG states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are

recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation indicates that the patient had urine drug testing in Dec. 2013. There was no documentation of high risk behavior. The request for urine drug testing is not medically necessary.

MRI of cervical spine: 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): 177-178.

Decision rationale: A Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) guidelines. Per the California (MTUS) guidelines unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Furthermore, the guidelines state that criteria for ordering imaging studies are:emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction,failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The guidelines recommend electrodiagnostic testing prior to ordering an imaging study such as an MRI.The documentation submitted reveals a positive Spurling sign but there is no indication of specific nerve distribution on this testing. There are no red flag findings, and there is no evidence patient is preparing for surgery. Furthermore, a nerve conduction velocities (NCV)/electromyography (EMG) was recommended elsewhere in this review as certified. The request for cervical MRI is not medically necessary.

EMG of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, http://www.odg-twc.com/odgtwc/neck.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG) of the bilateral extremities is medically necessary. The documentation indicates that the patient has cervical pain and decreased sensation in the upper limbs. The guidelines recommend electrodiagnostic testing prior to ordering an imaging study such as an MRI. The American College of Occupational and Environmental Medicine (ACOEM) states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm

symptoms, or both, lasting more than three or four week.The request for EMG of the bilateral extremities is medically necessary.

NCV of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines,http://www.odg-twc.com/odgtwc/neck.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: A nerve conduction velocity (NCV) study of the bilateral extremities is medically necessary. The documentation indicates that the patient has cervical pain and decreased sensation in the upper limbs. The guidelines recommend electrodiagnostic testing prior to ordering an imaging study such as an MRI. The ACOEM states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four week.The request for NCV of the bilateral extremities is medically necessary

Consultation with internist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-386.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Pain (chronic), Office visits

Decision rationale: Consultation with internist is medically necessary per the California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines. The review of systems on 1/23/14 is positive for polyuria, tinnitus, and fatigue. The patient would like a primary care physician to be involved in his care. Subseqent documentation indicates weight loss and bright red blood per rectum. Per the American College of Occupational and Environmental Medicine guidelines referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The consultation with internist is medically necessary.