

Case Number:	CM14-0072909		
Date Assigned:	07/16/2014	Date of Injury:	07/06/2009
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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 and Rehabilitation and 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 injured worker is a 52-year-old female who was injured on 07/06/2009 to her low back and left knee. The mechanism of injury is unknown. Prior treatment history has included Synvisc injection to her left knee which has provided her with relief of symptoms; cognitive behaviour therapy; Anaprex, Xanax and Wellbutrin. She underwent an ACL tear repair on 07/11/2012. Pain management consult dated 04/09/2014 states the patient complained of pain in the left knees. She also complains of pain in the lower back, radiating down to bilateral lower extremities, left greater than right. Objective findings on exam revealed tenderness to palpation in the posterior cervical spine musculatures. She has multiple trigger point injections and taut bands palpated. The cervical spine range of motion revealed flexion to 30; extension to 30; right lateral bending to 30; left lateral bending to 30; right rotation to 60 and left rotation to 60. Deep tendon reflexes are 2+ bilaterally. Muscle strength and tone is 5/5 in all muscle groups. The lumbar spine revealed flexion to 45; extension to 15; left lateral bending to 20; right lateral bending to 20. On 7/3/14, she is noted that complains of neck pain along with cervicogenic headache as well as increased symptoms in B/L UE. On exam, she has sensory deficit at C5-6 which is corroborated with the MRI findings. MRI of C-spine has showed multilevel disc disease, including 3 mm disc bulge at C6-7 with B/L neuroforaminal stenosis. She also has low back pain with radiation to B/L LE. The injured worker relies on Anaprox DS twice daily and is experiencing GI discomfort with Prilosec. Prior utilization review dated 04/24/2014 states the request for Prilosec 20mg #60 is partially certified for Prilosec 20 mg #30; The request for EMG right upper extremity, NCV right upper extremity, EMG left upper extremity, and NCV left upper extremity is not certified as documented evidence does not support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

Decision rationale: According to the California MTUS, Omeprazole (Prilosec) "PPI" is recommended for patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Initial treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID or switch to a different NSAID. In this case, the medical records do not document the patient is a candidate for PPI therapy per guidelines. Therefore, in accordance with the CA MTUS guidelines, the request for Prilosec 20mg #60 is not medically necessary and appropriate.

EMG right upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Extremities, EMG & NCS (ODG/ Neck chapter).

Decision rationale: According to the MTUS guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Additionally, the Official Disability Guidelines (ODG) states, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." As per ODG, 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 clinical findings corroborated with MRI findings indicate that the patient has radiculopathy. Furthermore, there is no plan for any surgical intervention in order to warrant the need for EMG studies. Therefore, the request for EMG right upper extremity is not medically necessary and appropriate.

NCV right upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremities, EMG & NCS (ODG/ Neck chapter).

Decision rationale: According to the CA MTUS/CA MTUS, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The medical records do not reveal clinically significant findings that establish medical necessity of an NCV of the right upper extremity. There is cervical and imaging evidence of radiculopathy and no evidence of carpal tunnel syndrome, cubital tunnel syndrome or peripheral neuropathy. Thus, the medical necessity of NCV has not been established and the request is non-certified.

EMG left upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Extremities, EMG & NCS (ODG/ Neck chapter).

Decision rationale: According to the MTUS guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Additionally, the Official Disability Guidelines (ODG), "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The ODG also state that 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 clinical findings corroborated with MRI findings indicate that the patient has radiculopathy. Furthermore, there is no plan for any surgical intervention in order to warrant the need for EMG studies. Therefore, the request for EMG of the left upper extremity is not medically necessary and appropriate.

NCV left upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Extremities, EMG & NCS (ODG/ Neck chapter).

Decision rationale: According to the MTUS Guidelines, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." In this case, the medical records do not reveal clinically significant findings that establish medical necessity of an NCV of the right upper extremity. There is clinical and imaging evidence of cervical radiculopathy and no evidence of carpal tunnel syndrome, cubital tunnel syndrome or peripheral neuropathy. Therefore, the request for NCV left upper extremity is not medically necessary and appropriate.