

Case Number:	CM14-0076391		
Date Assigned:	07/18/2014	Date of Injury:	09/05/2006
Decision Date:	10/01/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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 patient is a 69 year old male who was injured on 09/05/2008 while he was working as a grounds keeper and he sustained a cumulative trauma. Diagnostic studies reviewed include MRI of the lumbar spine dated 01/17/2014 revealed grade I degenerative anterolisthesis of L3 on L4; disc desiccation at L3-L4 down to L5-S1 with associated loss of disc height; mobic type I end plate degenerative changes involving the inferior end plate of L4 and superior end plate of L5; Mobic type II end plate degenerative changes involving the inferior end plate of L5 and superior end plate of S1; pseudodisc herniation with concurrent hypertrophy of bilateral facets at L3-L4; Disc bulge at L5-S1 and disc extrusion at L4-5. On progress report dated 02/14/2014, the patient has a diagnosis of lumbar spine radiculopathy and cervical spine pain; and cervical spine facet arthrosis. There is no exam provided. The patient was recommended to continue with home exercise program and given Norco 10/325 mg. The remaining notes are illegible. According to UR, the patient presented with complaints of neck pain, low back pain and right shoulder pain on 03/28/2014; this note has not provided for review. He had lumbar spasm on exam with limited motion and positive straight leg raise. He had limited motion of the cervical spine as well with spasm and tenderness. He has a diagnosis of lumbar discogenic disease with radiculopathy; carpal tunnel syndrome, cervical discogenic disease with radiculopathy; and probable bilateral carpal tunnel syndrome. A prior utilization review dated 05/20/2014 states the request for Norco 10/325 MG # 180 denied as there is no documented functional improvement; Back brace (continue wearing) is denied as lumbar supports are not recommended for symptom relief; Soft cervical collar is denied as it is not recommended; NCV of bilateral upper extremities and EMG of bilateral upper extremities are denied as there is documented evidence of worsening neurologic deficits of the upper extremities; TENS unit is denied as it did not result in functional improved with a return to work or termination of opioid use from his previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use is not established for chronic, non-malignant pain. This is a request for Norco for a 69-year-old male injured on 9/5/08 taking opioids on a long-term basis for chronic neck, back and shoulder pain. However, provided records do not demonstrate clinically significant functional improvement or pain reduction from use of Norco. Medical necessity is not established.

Back brace (continue wearing): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar supports

Decision rationale: This is a request for a back brace for a 69-year-old male with chronic back pain. However, according to the ACOEM Guidelines, back braces do not have proven benefit beyond the acute injury phase. According to the ODG, lumbar supports are not recommended for prevention. Further, no specific rationale is provided for use of a back brace. Medical necessity is not established.

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Collars (cervical)

Decision rationale: This is a request for a soft cervical collar for a 69-year-old male with chronic neck pain. However, according to the ACOEM Guidelines, cervical collars are not recommended beyond 1 to 2 days. According to the ODG, cervical collars are "not

recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist." There is no documentation of recent surgery or fracture. No specific rationale is provided. Medical necessity is not established.

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Electromyography

Decision rationale: In this case a request is made for bilateral upper extremity EMG for a 69-year-old male with chronic neck pain, cervical degenerative disc disease and spondylosis. However, the patient reportedly had bilateral upper extremity EMG/NCS on 2/2/11. There is no documentation of interval worsening. History, examination findings and rationale are not provided. Medical necessity is not established.

NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve conduction studies

Decision rationale: According to the ACOEM Guidelines, nerve conduction studies may be indicated under certain circumstances in the evaluation of upper extremity symptoms suggestive of neuropathy. According to ODG guideline, nerve conduction studies are "not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam." In this case a request is made for bilateral upper extremity NCV for a 69-year-old male with chronic neck pain, cervical degenerative disc disease and spondylosis. However, the patient reportedly had bilateral upper extremity EMG/NCS on 2/2/11. There is no documentation of interval worsening. History, examination findings and rationale are not provided. Medical necessity is not established.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: According to the MTUS Chronic Pain Guidelines, TENS may be recommended for post-herpetic neuralgia, diabetic neuropathy, phantom limb, CRPS, multiple sclerosis and spasticity. In this case TENS is requested for a 69-year-old male with chronic neck and back pain. Cervical and lumbar MRI's suggest neuropathic pain, but no history or examination findings are provided. The patient apparently has used TENS in the past, but frequency of use and outcomes are not provided. Medical necessity is not established.