

Case Number:	CM14-0123727		
Date Assigned:	08/08/2014	Date of Injury:	03/20/2001
Decision Date:	07/02/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Anesthesiology

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 62-year-old female, with a reported date of injury of 03/20/2001. The diagnoses include cervical discogenic syndrome. Treatments to date have included diagnostic image of the cervical spine on 07/19/2014 which showed mild disk desiccation throughout the cervical spine, broad-based disk protrusion, diminished and ventral cerebrospinal fluid with no cord compression, mild central canal stenosis, mild foraminal compromise, and posterior annular bulge; electro diagnostic studies on 07/28/2014 which showed bilateral cervical radiculopathy; oral medications; topical pain medication; and TENS (transcutaneous electrical nerve stimulation) unit. The progress report dated 07/15/2014 indicates that the injured worker reported continued pain in her neck. She stated that she has had some headaches. The neck pain radiated to her right greater than left arms and hands. The injured worker rated her pain 8 out of 10. The objective findings include an antalgic gait, reduced cervical spine range of motion, tenderness to palpation of the cervical paraspinal muscles, and hypertonicity of the bilateral trapezius. The treating physician requested Topiramate 25mg #60, ultrasound treatment to the bilateral trapezius muscles, an MRI of the cervical spine for an update, and EMG/NCV (electromyography/nerve conduction velocity) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-17.

Decision rationale: Topiramate (Topamax) is an anticonvulsant (anti-epilepsy) drug (AED). According to the CA MTUS and the ODG, AED's are recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. The guidelines cite the role of AEDs in the management of non-acute pain and chronic conditions such as, polyneuropathy, postherpetic neuralgia, central pain, spinal cord injury, postoperative pain, migraine headaches, and chronic non-specific axial low back. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other AEDs fail. In addition, among the pharmacological treatments for PTSD, there is evidence of moderate strength supporting the efficacy of topiramate for improving PTSD symptoms. In this case, there is no documentation of evidence of improvement with its previous use. Medical necessity for Topiramate has not been established. The requested medication is not medically necessary.

Ultrasound Treatment to Bilateral Trapezius: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ultrasound, therapeutic.

Decision rationale: Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. In this case, medical necessity for this service was not established. The requested ultrasound treatment is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304.

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. An MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there are no new neurologic findings on physical exam to warrant an MRI study. Medical necessity for the requested service is not established. The requested service is not medically necessary.

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation 2010 Official Disability Guidelines, 15th edition; ODG Treatment in Workers' Comp, 8th edition Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG/NCV.

Decision rationale: The request for diagnostic test EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are 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. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of any significant clinical findings that would warrant EMG/NCV studies to determine or direct any specific treatment. Medical necessity for the requested services has not been established, as guideline criteria have not been met. The requested studies are not medically necessary.