

<b>Case Number:</b>	CM14-0204892		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	02/25/2000
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old man who sustained a work-related injury on February 25, 2000. Subsequently, the patient developed chronic neck, shoulder, and arm pain. According to a progress report dated December 11, 2014, the patient reported that his pain has increased since last visit. He has been getting pain going down the arms from the neck with numbness in the forearms, especially at night. He rated his level of pain as a 4/10. The pain occurred intermittently. His pain increased to 8/10 frequently. He reported that his left shoulder, left elbow and left wrist pain level has increased by 10%. The patient reported that he was tolerating his medication and home exercises; authorization for psych denied, but EMG was authorized. Examination of the cervical spine revealed hypertonicity, spasm tenderness, tight muscle band, and trigger point of bilateral paravertebral, upper trapezius, levator scapulae, rhomboids, and occipital muscles. Spinous process tenderness was noted on C4, C5, C6, and C7. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. Adson's test was negative. On examination of T1-T6 paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band, and trigger point was noted on bilateral sides. Spinous process tenderness was noted on T1-T6. Motor exam showed 5/5 bilateral upper and lower extremity with the exception of reduced left shoulder of 4/5 reduced left grip. Sensory exam was intact from C2 to S2 bilaterally with the exception of reduced left ulnar. Reflexes were 2+ bilateral upper and lower extremities with the exception of reduced bilateral ankles of 1. The patient diagnoses included: occipital neuropathy, cervical spine disc bulging, cervical spine radiculopathy, cervical spine musculotendinoligamentous injury, depression and anxiety secondary to pain, left elbow cubital tunnel syndrome, left shoulder impingement syndrome, left elbow lateral epicondylitis, left shoulder arthroscopy, and left shoulder rotator cuff tendinitis.

The provider requested authorization for EMG/NCV Bilateral Upper Extremities, Psychologist Evaluation and Treatment, Lyrica and Lyons Spec. Keto 10%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 EMG/NCV Bilateral Upper Extremities [REDACTED]: 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 & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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 weeks>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. There is documentation of significant change in the patient condition. Therefore, the request for EMG/NCS BUE is not medically necessary.

#### **1 Psychologist Evaluation and Treatment: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32 and 33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from

early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. Although the patient's assessment indicated that he was suffering from depression and anxiety, it seems that there is no need for psychological evaluation at this time. The patient previously underwent several psychological sessions without clear documentation of efficacy. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to psychologist. Therefore, the request for Psychologist Evaluation and Treatment is not medically necessary.

**1 prescription for Lyrica 50mg #60 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

**Decision rationale:** According to MTUS guidelines, Lyrica is an anti-epilepsy drug (AEDs) also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for neck pain. Therefore, Lyrica 50mg #60 is not medically necessary.

**1 prescription for [REDACTED] Keto 10% with 6 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains ketoprofen, a topical analgesic not recommended by MTUS. Furthermore,

there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, [REDACTED] Keto 10% with 6 refills is not medically necessary.