

Case Number:	CM14-0205456		
Date Assigned:	12/17/2014	Date of Injury:	11/16/2011
Decision Date:	02/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male with an injury date of 11/16/11. Based on the 10/29/14 progress report provided by treating physician, the patient complains of pain in low back and left upper extremity rated at 8/10. Physical examination of the lumbar revealed tenderness to palpation over the bilateral L4-5 and L5-S1 lumbar paraspinals. Range of motion was decreased and straight leg raise is positive bilaterally. The patient has a positive Tinel's sign of the left elbow and reduced sensation in the left ulnar distribution. Patient's current medications include Gabapentin, Naproxen Sodium and Venlafaxine. Per treater's report dated 10/29/14, the patient is on modified work.MRI of the lumbar spine 06/03/14 showed disc herniation at L5-S1 between the right and left S1 nerve roots, but not displacing the nerves.Diagnosis (10/29/14)- DDD degenerative disc disease), lumbar- Lumbar discogenic pain syndrome- Lumbar radiculitis- Left arm numbnessThe utilization review determination being challenged is dated 11/10/14. The rationale follows: 1) BILATERAL UPPER EXTREMITY EMG/NCS: "no documentation that the patient has now developed new upper extremity neurological pathology"2) FUNCTIONAL RESTORATION PROGRAM CONSULT: "The provider noted that the plan is for the patient to undergo continued workup and treatment, including possible surgery."3) NEURONTIN 600MG #90: "no quantifiable documentation as to the effectiveness of Neurontin."Treatment reports were provided from 02/05/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremity EMG/ NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with pain in low back and left upper extremity rated at 8/10. The request is for bilateral upper extremity EMG/NCS. The patient has a positive Tinel's sign of the left elbow and reduced sensation in the left ulnar distribution. Patient's current medications include Gabapentin, Naproxen Sodium and Venlafaxine. Patient is on modified work.ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist."Per progress report dated 10/29/14, treater's reason for the request is to get "a proper diagnosis of his left upper extremity symptoms." Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG/NCS studies would appear reasonable. However, per UR letter 11/10/14, an upper extremity EMG/NCS has already been done. But documentation of the previous EMG/NCS was not submitted for review. The treater does not discuss why updated studies are needed. There is no deterioration of symptoms, no new injury or other reasons to consider a repeat study. The request is not medically necessary.

Functional Restoration Program Consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: The patient presents with low back and left upper extremity rated at 8/10. The request is for functional restoration program consult. The patient has a positive Tinel's sign of the left elbow and reduced sensation in the left ulnar distribution. Patient's current medications include Gabapentin, Naproxen Sodium and Venlafaxine. Patient is on modified work.MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc.The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines

specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 10/29/14, treater's reason for the request is based on a recommendation by [REDACTED] who completed a surgical evaluation and determined patient was not a surgical candidate but would be best served by some type of functional restoration program. Given the patient's persistent, chronic symptoms, and support from MTUS for FRP, consultation to determine the patient's candidacy is reasonable. The request is medically necessary.

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents with low back and left upper extremity rated at 8/10. The request is for Neurontin 600mg #90. The patient has a positive Tinel's sign of the left elbow and reduced sensation in the left ulnar distribution. Patient's current medications include Gabapentin, Naproxen Sodium and Venlafaxine. Patient is on modified work. MTUS has the following regarding Gabapentin on page 18, 19: "Gabapentin (Neurontin, Gaborone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Per progress report dated 10/29/14, treater states that patient rates his pain as an 8/10 in intensity, then just states that medications somewhat helps patient's pain. Treater also states how and when patient is experiencing pain, but gives no discussion on how medication is benefiting the patient. Therefore, given the lack of documentation, the request is not medically necessary.