

Case Number:	CM15-0185988		
Date Assigned:	09/28/2015	Date of Injury:	11/10/2009
Decision Date:	11/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, Occupational Medicine

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 74 year old male, who sustained an industrial injury on 11-10-2009. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation, history of myelopathy, status post cervical fusion at C4-C5, discogenic lumbar condition with facet inflammation and radiculopathy and bilateral foot drop, mid back sprain, and weight gain and issues with sleep disorder, due to inactivity. His past medical history included hypertension. Treatment to date has included diagnostics, lumbar epidural steroid injections, pool therapy, cervical pillow, and medications. On 8-12-2015, the injured worker reported "gained some weight", "not doing any activities around the house", "not doing any chores", and "an element of insomnia". Complaints appeared consistent since at least 5-13-2015. He was currently "retired". The treating physician did not document current complaints related to specific body parts or pain levels. Objective findings included "limited motion due to pain with tenderness along the cervical and lumbar area with spasms and facet loading being positive". He had "hyperreflexia of the lower extremities". His gait was unstable and he had difficulty getting up from a seated position. His blood pressure was 167 over 88 and pulse was 70. No additional physical examination findings were documented by the treating physician. It was documented that cervical magnetic resonance imaging shows "disc disease from C3 through C7 with a severe foraminal narrowing on the right at C6-C7 and myelomalacia at C5", lumbar magnetic resonance imaging from 2009 shows "central and foraminal stenosis at L4-L5 with grade 1 anterolisthesis at L4-L5". It was documented that "nerve studies have yet to be done and have been approved", noting that they "have never been done and we need an extension of the

approvals at this time". The treating physician documented denied treatments, medications, and/or diagnostics in 2015 as a transcutaneous electrical nerve stimulation unit, Nalfon, Protonix, Aciphex, Norco and Lyrica (conditional denial 6-01-2015), computerized tomography myelogram of the neck and spinal surgery consult, back support, magnetic resonance imaging of the lumbar spine, physiatry referral, and pool therapy. He reported taking Norco (paying for through private insurance) and the treating physician documented that recent urine toxicology confirmed the presence of Norco. He was to receive "medication recommended last visit", including Celebrex, Neurontin 600mg, and Ultracet. He reported having side effects from Tramadol ER (dizziness). On 6-24-2015 it was documented that was not getting Lyrica and would receive Neurontin 600mg #180. It was documented that he had to have Norco, otherwise he "cannot function with multiple injuries". He was also recommended a hot and cold wrap and electromyogram and nerve conduction studies of the bilateral upper and lower extremities. The request for authorization was to include Celebrex, Ultracet, Neurontin 600mg #90, Norco, knee brace, hot and cold wrap, and extension of nerve studies. On 8-26-2015 Utilization Review non-certified the requested hot-cold wrap, electromyogram and nerve conduction studies of the bilateral upper and lower extremities, and Neurontin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 06/25/15) - Online Version, Nerve Conduction Study (NCS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. EMG (Electromyography)/NCV (Nerve Conduction Velocity) of the bilateral upper extremities is not medically necessary.

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15 - Online Version).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the bilateral lower extremities is not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600mg #90 is not medically necessary.

Hot and cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neck and Upper Back (Acute & Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: According to the Official Disability Guidelines, there is minimal evidence supporting the use of cold therapy except in the acute phase of an injury or for the first seven days postoperatively. It was not made clear which body part this hot and cold wrap would be used for. The Official Disability Guidelines do not recommend hot and cold wraps for the cervical spine or knees. Hot and cold wrap is not medically necessary.