

Case Number:	CM15-0043702		
Date Assigned:	03/13/2015	Date of Injury:	07/20/2000
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on 7/20/2000. The current diagnoses are low back pain, neck pain, and spasm of muscle, shoulder pain, paresthesia, headaches, and non-allopathic lesions of the cervical region, thoracic region, rib cage, lumbar region, sacral region, and pelvic region. According to the progress report dated 1/29/2015, the injured worker complains of increased aching in the neck, left shoulder, lower back, and hips. He reports more numbness in the left hand; the index finger is numb constantly with intermittent numbness and tingling in the middle finger and occasionally in the ring finger. He reports weakness in his grip strength. Additionally, he reports having a constant headache for 3 days. The pain is mostly occipital, but does radiate anteriorly along both sides of the head to the forehead. Treatment to date has included medication management, chiropractic, and acupuncture. The plan of care includes Citalopram 20 mg #30 and EMG/NCV of the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines, Mental Illness and Stress chapter, Antidepressants for Treatment of MDD.

Decision rationale: The 59 year old patient complains of worsening pain in neck and back, rated at 4/10, along with headaches, numbness and tingling in left forearm and ulnar aspect of the hand, and burning in anterolateral right thigh, as per progress report dated 12/04/14. The request is for CITALOPRAM 20 mg # 30. The RFA for the case is dated 01/30/15, and the patient's date of injury is 07/20/00. Diagnoses, as per progress report dated 12/04/14, included low back pain; neck pain; spasm of neck; non-allopathic lesions of cervical region, thoracic region, lumbar region, rib cage, sacral region, pelvic region, and head; and headaches. The patient is off work indefinitely, as per progress report dated 10/12/14. MTUS Guidelines are silent on Celexa specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case, Citalopram is first noted in progress report dated 09/04/14. In progress report dated 10/02/14, the treating physician states that "The Citalopram is helping with the moods, but doesn't work as well for the pain and paraesthesia as compared to the Cymbalta." In progress report dated 12/04/14, the treating physician states that "Citalopram is working but not as well as Effexor." In progress report dated 01/29/15, the physician wants to see if an increase in dose of Citalopram will help the patient. Based on the progress reports, the impact of Citalopram is not evident. ODG guidelines support the use of this medication only with "demonstrated effectiveness." MTUS page 60 also requires documentation of improvement in pain and function when medications are used for chronic conditions. Hence, the request IS NOT medically necessary. The 59 year old patient complains of worsening pain in neck and back, rated at 4/10, along with headaches, numbness and tingling in left forearm and ulnar aspect of the hand, and burning in anterolateral right thigh, as per progress report dated 12/04/14. The request is for CITALOPRAM 20 mg # 30. The RFA for the case is dated 01/30/15, and the patient's date of injury is 07/20/00. Diagnoses, as per progress report dated 12/04/14, included low back pain; neck pain; spasm of neck; non-allopathic lesions of cervical region, thoracic region, lumbar region, rib cage, sacral region, pelvic region, and head; and headaches. The patient is off work indefinitely, as per progress report dated 10/12/14. MTUS Guidelines are silent on Celexa specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." In this case, Citalopram is first noted in progress report dated 09/04/14. In progress report dated 10/02/14, the treating physician states that "The Citalopram is helping with the moods, but doesn't work as well for the pain and paraesthesia as compared to the Cymbalta." In progress report dated 12/04/14, the treating physician states that "Citalopram is working but not as well as Effexor." In progress report dated 01/29/15, the physician wants to see if an increase in dose of Citalopram will help the patient. Based on the progress reports, the impact of Citalopram is not evident. ODG guidelines support the use of this medication only with "demonstrated effectiveness." MTUS page 60 also requires documentation of improvement in pain and function when medications are used for chronic conditions. Hence, the request IS NOT medically necessary.

One (1) EMG/NCV of the left arm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 59 year old patient complains of worsening pain in neck and back, rated at 4/10, along with headaches, numbness and tingling in left forearm and ulnar aspect of the hand, and burning in anterolateral right thigh, as per progress report dated 12/04/14. The request is for ONE (1) EMG/NCV OF THE LEFT ARM. The RFA for the case is dated 01/30/15, and the patient's date of injury is 07/20/00. Diagnoses, as per progress report dated 12/04/14, included low back pain; neck pain; spasm of neck; non-allopathic lesions of cervical region, thoracic region, lumbar region, rib cage, sacral region, pelvic region, and head; and headaches. The patient is off work indefinitely, as per progress report dated 10/12/14. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electro-diagnostic 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." In this case, the progress reports do not document prior EMG/NCV of the left arm. In a report dated 10/02/14, the patient complains of worsening numbness and tingling in the left arm with constant numbness in the left index finger. The left hand grip strength is weaker as well. In progress report dated 01/29/15, the treating physician is requesting for an EMG/NCV of the left arm due to increasing numbness. ACOEM also supports electro-diagnostic studies to differentiate between CTS and other conditions such as cervical radiculopathy. Hence, the request IS medically necessary.