

Case Number:	CM15-0086763		
Date Assigned:	06/16/2015	Date of Injury:	07/23/2012
Decision Date:	07/14/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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(n) 36 year old female, who sustained an industrial injury on 7/23/12. She reported pain in her neck and right shoulder. The injured worker was diagnosed as having cervical pain, lumbago and headache. Treatment to date has included x-rays, oral and topical medications. The treating physician has requested a TENs unit and a cervical MRI, but these have not been approved. Current medications include Celexa, Flurbiprofen 25%/Capsaicin cream, Ultracet, Ultram and Prilosec. As of the PR2 dated 3/19/15, the injured worker reports continued 6/10 pain in the neck, right shoulder. She reports numbness and weakness in the right upper extremity and right lower extremity. Objective findings include a positive Patrick's test on the right, decreased right shoulder range of motion with pain and tenderness to palpation in the cervical spine. The treating physician requested an EMG/NCS of the upper and lower extremity, Celexa 20mg #30 and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper and Lower EMG/NCS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Nerve Conduction Studies (NCS) Section Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for use in cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electro diagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no evidence of upper extremity radiculopathy on examination; therefore, an upper extremity NCV is appropriate. However, there is no clinical evidence of lower extremity findings that would necessitate EMG/NCS. The request for Upper and Lower EMG/NCS is determined to not be medically necessary.

Celexa 20 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: Antidepressants for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Celexa are effective at addressing psychological symptoms associated with chronic pain. In this case, the injured worker is taking the SSRI for chronic pain and is receiving subjective benefit from the medication. The request for Celexa 20 MG #30 is determined to be medically necessary.

Prilosec 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20 mg # 60 is determined to not be medically necessary.