

Case Number:	CM15-0241697		
Date Assigned:	12/18/2015	Date of Injury:	07/19/2004
Decision Date:	01/27/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/11/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury on 7-19-04. The injured worker has complaints of pain in the upper back and right sided neck pain radiating to the right arm with numbness. The diagnoses have included radiculopathy: cervical region, carpal tunnel syndrome, and chronic pain due to trauma. Treatment to date has included trigger point injections, Tramadol, Tizanidine, Synthroid, and Gabapentin. The original utilization review (11-12-15) non-certified the request for right upper extremity EMG (electromyography)/ NCV (nerve conduction velocity) study, quantity: 1, and Prednisone 10mg, #37.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10mg, #37: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (updated 10/09/2015) - Online Version, Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids Lower Back section, Corticosteroids.

Decision rationale: The MTUS Guidelines do not address oral corticosteroids. The ODG, however, states that they are not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. The ODG states that steroid may be recommended in limited circumstances for acute radicular low back pain, but does not recommend steroids for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria for the Use of corticosteroids (oral/parenteral for low back pain) includes: (1) Patients should have clear-cut signs and symptoms of radiculopathy, (2) Risks of steroids should be discussed with the patient and documented in the record, (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record, (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In the case of this worker, there is chronic neck pain with radiation to right arm. Oral steroids are not recommended for chronic pain, and therefore, this request for Prednisone will be considered medically unnecessary.

Right upper extremity EMG (Electromyography)/ NCV (Nerve Conduction Velocity) study, quantity: 1: Overturned

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

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 week period (for arm) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was evidence suggestive of cervical radiculopathy, but there was also a history of carpal tunnel syndrome. It is reasonable to consider nerve testing to clarify the source of the reported symptoms on the right upper extremity. The request is medically necessary.