

Case Number:	CM14-0211878		
Date Assigned:	12/24/2014	Date of Injury:	07/13/2013
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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 & Rehabn

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 35 year old male with an injury date of 07/13/13. Based on the 09/02/14 progress report, the patient complains of frequent headaches, persistent low back pain, right knee pain, chronic anxiety, depression, and decreased concentration and attention span. His headaches occur in the right frontal and bitemporal pain with blurring of vision, sensitivity to light and to noise. He has severe back pain and cramps affecting his right leg. He has pain/stiffness/swelling in his right knee as well. The 10/29/14 report indicates that the patient is depressed, anxious, apprehensive, and has memory difficulties. The 11/07/14 report states that the patient has constant neck pain, frequent pain/numbness in both arms and hands, dizziness, forgetfulness, and daily headaches. He rates his pain as an 8/10. Myofascial trigger points are noted in the cervical paraspinal, trapezius, interscapular musculature, lumbar paraspinal, and gluteal musculature. The patient's diagnoses include the following: Intractable chronic daily headaches that are predominantly of a transformed vascular (migraine-type) Chronic myofascial pain syndrome, cervical spine Major depression Memory impairment Uncontrolled hypertension. Pain and numbness, bilateral upper extremities, due cervical radiculopathy vs. peripheral nerve entrapment. The utilization review determination being challenged is dated 12/03/14. Treatment reports are provided from 02/18/14- 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25-26.

Decision rationale: The patient presents with frequent headaches, persistent low back pain, right knee pain, chronic anxiety, depression, and decreased concentration and attention span. The request is for BOTOX INJECTION for intractable daily headaches. Review of the reports does not indicate if the patient has had any prior botox injections. Regarding Botox, MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". In this case, the patient has headaches in the right frontal and bitemporal pain with blurring of vision, sensitivity to light and to noise. The 11/07/14 report states that the patient has "two types of headaches, with one being a severe unrelenting migraine-like and the other is mild. Neither are associated with nausea or vomiting but they are associated with 'ear ringing and dizziness. [Her] equilibrium is off.'" The treater is requesting for Botox injections for the patient's intractable daily headaches for which there is lack of MTUS guidelines support. The requested Botox injection IS NOT medically necessary.

EMG / NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with frequent headaches, persistent low back pain, right knee pain, chronic anxiety, depression, and decreased concentration and attention span. The request is for EMG/NCV BILATERAL UPPER EXREMITIES "to evaluate ongoing pain and numbness thereof despite 12 sessions of physical therapy and a course of NSAIDs." The utilization review denial rationale is that "there is no documentation of neurological deficits on exam." There are no prior EMGs or NCVs provided. ACOEM Guidelines page 206 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. 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 and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for

surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." In this case, there is no prior EMG/NCV testing done on the patient's upper extremities. The patient has been complaining about his neck pain as early as the 02/18/14 report. The cervical spine range of motion is restricted and on examination of the paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band is noted on both sides. Tenderness is noted at the paracervical muscles, rhomboids, trapezius and (+) TTP over bilateral facet joints (C3, C4, C5, C6). The treater is requesting for an EMG/NCV of the bilateral upper extremities "to evaluate ongoing pain and numbness thereof despite 12 sessions of physical therapy and a course of NSAIDs." An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. With the patient's chronic symptoms, the requested EMG/NCV of the upper extremities IS medically necessary.