

Case Number:	CM14-0213718		
Date Assigned:	12/31/2014	Date of Injury:	09/11/2011
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 50-year-old man who sustained a work-related injury on September 11, 2011. Subsequently, the patient developed a chronic neck and shoulder pain. According to a progress report dated on November 13, 2014, the patient was complaining of neck and back pain. The patient physical examination demonstrated lower extremity weakness, lumbar tenderness and positive the straight leg raise. The patient was diagnosed with cervical myelopathy, cervical radiculopathy left shoulder pain and back pain. The patient was treated with pain medication surgery, brace and physical therapy. The provider requested authorization for the following procedures and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown repeat EMG/NCVs: Upheld

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 12 Low Back Complaints Page(s): 303.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion. According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed a neck pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. There is no evidence that the patient developed new pathology requiring another electrodiagnostic testing. Therefore, the request for Unknown repeat EMG/NCVs is not medically necessary.

Prescription of Keflex 500 mg # 56 with 1 refill: 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) Infectious Disease

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Keflex, http://www.druglib.com/druginfo/keflex/indications_dosage/

Decision rationale: Per guidelines, Keflex is an antibiotic used for the treatment of some bacterial infections. There is no documentation that the patient is suffering from a bacterial infection sensitive to Keflex. Therefore, the request is not medically necessary.

Prescription of Fetzima 40 mg # 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Per guidelines, Fetzima is a major antidepressant drug from the family of serotonin and norepinephrine reuptake inhibitors. Antidepressant could be used in neuropathic pain; however in this case, there is no clear documentation of neuropathic pain. The patient is mainly complaining of neck and back pain. There is no pain and functional improvement with

previous use of Fetzima. Therefore, the request for Fetzima 40 mg # 60 with 5 refills is not medically necessary.