MAXIMUS Federal Services

Case Number:	CM14-0096355		
Date Assigned:	07/28/2014	Date of Injury:	12/19/2011
Decision Date:	07/02/2015	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/24/2014

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: Texas, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic back, neck, and shoulder pain reportedly associated with an industrial injury of December 19, 2011. In a Utilization Review report dated May 31, 2014, the claims administrator conditionally denied request for a chemistry panel while denying a cervical facet block, Genicin, Somnicin, and electrodiagnostic testing of the right shoulder outright. The claims administrator referenced a May 19, 2014 RFA form and associated April 2, 2014 progress note in its determination. On November 20, 2013, the applicant was placed off of work, on total temporary disability. The applicant was given diagnoses of carpal tunnel syndrome, cervical radiculopathy per earlier electrodiagnostic testing, and shoulder surgery with associated muscular atrophy with scapular winging and possible long thoracic nerve injury. New electrodiagnostic testing of right shoulder was sought while the applicant was placed off of work, on total temporary disability. The attending provider stated that he believed the applicant's shoulder issues had worsened but did not state how the proposed electrodiagnostic testing would influence or alter the treatment plan. On December 10, 2013, the applicant underwent electrodiagnostic testing of the upper extremities, which was interpreted as notable for moderate-to-severe bilateral carpal tunnel syndrome, right greater than left, right Guymon's canal syndrome, and right C5-C6 cervical radiculopathy. On May 14, 2014, the applicant reported ongoing complaints of shoulder, arm, wrist, and neck pain. The applicant was apparently considering settling his case. Hyposensorium was noted about the C5-C6 distribution. Positive Tinel and Phalen signs were noted about the right wrist. New electrodiagnostic testing, Genicin, and Somnicin were endorsed

while the applicant was placed off of work, on total temporary disability. Motrin and Prilosec were also renewed. The applicant was asked to consult a neurosurgeon. The attending provider again reiterated his request for repeat electrodiagnostic testing but did not state how said testing would influence or alter the treatment plan. A cervical facet block was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL C5-C6 AND C6-C7 CERVICAL FACET BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: No, the request for bilateral C5-C6 and C6-C7 cervical facet block was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections, i.e., the article at issue, are deemed "not recommended" for applicants with neck and/or upper back pain complaints, as were/are present here. It is further noted that the attending provider's documentation and progress note of May 14, 2014 did not clearly establish the presence of facetogenic or discogenic neck pain for which the facet injections in question could have been considered but, rather, suggested that the applicant was having ongoing issues with right-sided radicular pain complaints. The applicant's ongoing radicular pain complaints, coupled with the applicant's electrodiagnostically corroborated radiculopathy, argue against bona fide discogenic or facetogenic neck pain here. The request, thus, was not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the applicant's ongoing cervical radicular complaint complaints. Therefore, the request was not medically necessary.

UNKNOWN PRESCRIPTION OF GENOCIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Similarly, the request for Genicin (glucosamine) was likewise not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Genicin is recommended as an option in the treatment of arthritis and, in particular, the treatment of knee arthritis, given its low risk, here, however, the applicant's primary pain generators were the neck and low back. There was no mention of the applicant's carrying a diagnosis of arthritis or knee arthritis for which glucosamine (Genicin) would have been indicated. Therefore, the request was not medically necessary.

UNKNOWN PRESCRIPTION OF SOMNACIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg 926 :Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I) Rationale for Recommendation. As there is no evidence of their efficacy, complementary and alternative treatments including dietary supplements, etc., are not recommended for treatment of chronic pain conditions.

Decision rationale: Similarly, the request for Somnicin, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements such as Somnicin. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that dietary supplements such as Somnicin are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes. Here, the attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

EMG/NCV OF THE RIGHT SHOULDER: 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 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 213; 261.

Decision rationale: Similarly, the request for electrodiagnostic testing of the right shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, EMG or NCV studies are deemed "not recommended" as part of a shoulder evaluation for usual diagnoses. Here, the attending provider did not clearly state why repeat electrodiagnostic was being sought so soon after the applicant had had previous positive electrodiagnostic testing on December 10, 2013, which was notable for right-sided Guyon canal syndrome, moderate-to-severe bilateral carpal tunnel syndrome, right greater than left, and chronic active bilateral C5-C6 cervical radiculopathy, right greater than left. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative in whom symptoms persist, here, however, earlier testing was markedly positive and did establish multiple neurological diagnoses, including carpal tunnel syndrome, Guyon canal syndrome, and cervical radiculopathy. It was not clearly stated or clearly established how or why repeat

electrodiagnostic testing was indicated here. It did not appear that the attending provider was intent on acting on the results of the repeat testing at issue. Therefore, the request was not medically necessary.