

Case Number:	CM15-0019438		
Date Assigned:	02/09/2015	Date of Injury:	12/31/1999
Decision Date:	03/31/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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, 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 injured worker was a male, who sustained an industrial injury, December 31, 1999. According to progress note of January 15, 2015, the injured workers chief complaint was neck pain that radiates down the bilateral arms. The injured worker rated the pain 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness on palpation of the bilateral paraspinals and upper trapezulus muscles. It was also noted decreased sensation of right C8/ulnar distribution dermatome, Spurling's maneuver to the left caused contralateral pain and the right maneuver causes pain on the ipsilateral pain. The injured worker was diagnosed with cervical radiculitis. The injured worker previously received the following treatments naproxen for pain, Gabapentin and Capacian cream. The progress note of January 5, 2015, mentioned the denial for the EMG. (Electromyography) studies of bilateral upper extremities. The primary treating physician requested authorization for EMG. (Electromyography) studies of bilateral upper extremities. On December 30, 2014, the Utilization Review denied authorization for EMG (electromyography) studies of bilateral upper extremities. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

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 (MTUS page 304 from ACOEM guidelines). 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). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. There is no documentation of significant change in the patient condition. Therefore, the request for EMG of Bilateral Upper Extremities is not medically necessary.

Prescription for CM4 (Caps .05 Percent + Cyclo 4 Percent): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of knee pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, the request for Prescription for CM4 (Caps .05 Percent + Cyclo 4 Percent) is not medically necessary.

