

Case Number:	CM15-0168096		
Date Assigned:	09/14/2015	Date of Injury:	08/05/2008
Decision Date:	11/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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 York

Certification(s)/Specialty: Internal 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 is a 53 year old female, who sustained an industrial injury on 8-5-2008. Medical records indicate the worker is undergoing treatment for cervical disc displacement, lumbar sprain, cervicgia, enthesopathy of the elbow and internal derangement. Recent progress reports dated 4-6-2015 and 7-7-2015, reported the injured worker complained of increased pain in hands, neck, low back, right upper back and left buttocks. The pain was noted to radiate to the right arm and hand. The injured worker reports that while working and using her right arm to control the mouse aggravates her neck, right shoulder and right elbow. She rated pain as 9 out of 10 without medications and 5 out of 10 with medications. Physical examination revealed cervical spine "limitations in range of motion", tenderness in the cervical spine paraspinal muscles, superior trapezius, levator scapula and rhomboid muscle. The thoracic back had no tenderness and the lumbar para spinous muscle had tenderness and trigger points with tenderness over the sacral area. Treatment to date has included Norco. The physician is requesting electromyography (EMG) -nerve conduction study (NCS) of the bilateral upper extremities, 10 physical therapy visit, Norco 10-325mg #90 and Alprazolam 2 mg #30. On 8-10-2015, the Utilization Review noncertified electromyography (EMG) -nerve conduction study (NCS) of the bilateral upper extremities and 10 physical therapy visits. The Utilization Review did not address the Norco 10- 325mg #90 and Alprazolam 2 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Electrodiagnostic testing (EMG/NCS).

Decision rationale: Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." EMG-NCV studies of the arms may be indicated for median or ulnar nerve impingement after failure of conservative treatment. EMG-NCV is not recommended as a routine in a diagnostic evaluation or screening in clients without symptoms. The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electro diagnostic studies. The Requested Treatment: EMG/NCV of bilateral upper extremities is not medically necessary and appropriate.

Physical therapy 2 x 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California Chronic Medical Treatment Guidelines note that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Allow for fading of treatment

frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." ACOEM guidelines recommend, "If the response to treatment with non-prescription analgesics does not adequately relieve symptoms and activity limitations, physical methods can be added. Physical methods include stretching, exercises, at home cold and heat, aerobic exercise, 1-2 visits for education, counseling, and evaluation of home exercise." The records are not clear if the injured worker had prior physical therapy, and what was the objective outcome. The request does not specify the body parts, physical therapy is intended for. Medical necessity of the requested treatment: Physical therapy 2 x 5 has not been established.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medication. There is no change on medical dependence. Therefore the requested treatment: Norco 10/325mg #90 is not medically necessary.

Alprazolam 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California

MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective and functional improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.