MAXIMUS Federal Services

| Case Number: | CM15-0170931 | | |
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| Date Assigned: | 09/11/2015 | Date of Injury: | 01/01/1996 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

## 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 43 year old male, who sustained an industrial-work injury on 1-1-96. He reported initial complaints of neck, back, and left knee pain. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, lumbar spine myoligamentous sprain-strain and degenerative disc disease, left knee internal derangement and early degenerative joint disease. Treatment to date has included medication, diagnostics, and surgery (C5-7 anterior discectomy and fusion, left knee arthroscopy). MRI results were reported on 2-11-14 revealed cervical spine straightening, degenerative disc and facet joint disease, 2 mm of diffuse broad based disc bulging, left joint arthropathy, hypertrophic changes of the facet joint at C4-5 causing canal stenosis with mild cord compression, posterior osteophyte ridging with changes at C5-6. X-rays were reported on 7-6-15 of the lumbar spine that shows moderate disc space narrowing at L5-S1 with no acute abnormalities seen. X-ray of left knee show early degenerative joint disease. Cervical spine x-ray shows healing fusion. Currently, the injured worker complains of persistent severe neck pain with paresthesia of the left hand. Injury symptoms have been long term. Per the primary physician's progress report (PR-2) on 7-6-15, exam noted tenderness in the cervical paravertebral muscles and upper trapezius, and limited range of motion with pain. The lumbar exam noted moderate tenderness in the lumbar paravertebral muscles, limited range of motion, straight leg raise was to 50 degrees bilaterally. The knees exam noted mild reduced flexion and medial joint line tenderness. Current plan of care includes treatment of a pain management specialist for medical management of chronic pain, diagnostics for evaluation for residual nerve root impingement and update EMG to evaluate

for cervical radiculopathy, and medication for severe pain. The Request for Authorization date was 7-31-15 and requested service included Referral to pain management specialist, MRI cervical spine with contrast, Electromyogram (EMG) upper extremities, Nerve conduction velocity (NCV) upper extremities, and Norco 10/325 mg #60. The Utilization Review on 8-4-15 denied the request for pain management, per MTUS, due to chronic condition with no specific reason stating need for another physician for support of recovery and expert medical recommendations. MRI (magnetic resonance imaging) testing was denied due to no change in neurological exam or red flags or new insult or differential diagnosis per ACOEM guidelines. The EMG testing would have no basis for changing diagnosis or treatment and not medically necessary per ACOEM guidelines and ODG (Official Disability Guidelines) guidelines. The long term use of Norco has been denied to not meeting the 4 A's of opioid management and weaning may be indicated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a specialist visit for this patient. The California MTUS guidelines state: The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has chronic back pain that has been evaluated and treated by the patient's primary physicians for more than 2 decades. The patient has not been documented to have drug-seeking behavior and has been indicated to have a stable level of pain, controlled with medications. It is unclear why a pain specialist referral is being sought, very remote from the patient's original industrial accident. The clinical records are unclear as to any recent change in symptomatology or physical deficits. Therefore, based on the submitted medical documentation, the request for pain specialist consultation is not medically necessary.

**MRI cervical spine with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head & Neck, Imaging.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this imaging study for this patient. The California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure". Regarding this patient's case, this patient had a remote industrial accident more than 2 decades ago. The documentation provided does not suggest any significant change in symptoms. No new red flags are documented. No evidence of change in neurological dysfunction or tissue insult from the time of the patient's prior evaluations is documented likewise, there is no documentation of a planned eminently invasive procedure. Therefore, based on the submitted medical documentation, the request for an MRI of the cervical spine is not medically necessary.

**Electromyogram (EMG) upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious". Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinically obvious, mild sensory deficits in the hand on physical exam. Radiculopathy secondary to cervical disc disease with bulging disc is diagnosed in the medical documentation. The patient had been being treated for this condition for more than 2 decades. There is no clear documentation of any new neurological deficits which have not already been addressed in past years. Since EMG is not indicated for screening; its use in this obvious case is also not indicated. Therefore, based on the submitted medical documentation, the request for EMG testing is not medically necessary.

**Nerve conduction velocity (NCV) upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of bilateral upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction

studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of cervical disc disease. These symptoms have been present for more than 2 decades since the patient's original industrial accident. Per ODG, NCV is not indicated for the bilateral upper extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. There is no documentation that this patient has failed conservative measures or had an acute change in his condition from prior clinical presentations. Therefore, based on the submitted medical documentation, the request for upper extremity nerve conduction studies is not medically necessary.

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.