

<b>Case Number:</b>	CM15-0047285		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Arizona, Michigan 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 injured worker is 25 year old male, who sustained an industrial injury on 11/8/13. He reported complaints of neck pain after experiencing a fall as an industrial injury. The injured worker was diagnosed as having cervicalgia; pain in shoulder joint. Treatment to date has included physical therapy and cervical x-rays (no date). He stopped taking medication (not identified) because of weight gain. Currently, the injured worker complains of neck and right shoulder pain. He has refused any injections or surgery. The provider is requesting a multidisciplinary program along with diagnostics for treatment options: bilateral upper extremity EMG. NCV, Functional Restoration program evaluation, MRI cervical spinal canal without contrast, and Topamax 100mg 1 PO BID #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax 100mg 1 PO BID #60:** 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 Anticonvulsants (Antiepileptic drugs(AEDs)). Topiramate Page(s): 16-22.

**Decision rationale:** Per the MTUS, Antiepilepsy drugs are recommended in the treatment of neuropathic pain. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' origin. It is still considered for use for neuropathic pain when other anticonvulsants fail. A review of the injured workers medical records show that he has a tendency to discontinue his medications due to weight gain and he has gained 30 lbs, however there is no documentation of his response to other first line agents like antidepressants,(TCA's ) and gabapentin, without this information medical necessity for topamax is not established.

**Bilateral upper extremity EMG/NCV:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, EMG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/ Electrodiagnostic studies, Nerve conduction studies.

**Decision rationale:** Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persists. When the neurological examination is less clear, however further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck and or arm symptoms lasting more than 3-4 weeks. Per the ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. A review of the injured workers medical records that are available to me do not reveal that he has met the above referenced criteria for EMG/ NCV and per the ODG, electrodiagnostic testing should be medically indicated therefore the request for EMG/NCV bilateral upper extremities is not medically necessary.

**MRI spinal canal cerv w/o contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI, Indications for Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Per the MTUS / ACOEM, "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for MRI spinal canal cervical without contrast is not medically necessary.

**Functional restoration program evaluation:** Overturned

**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 Chronic pain programs (functional restoration programs) Page(s): 30-34.

**Decision rationale:** Per the MTUS, Chronic pain programs also known as functional restoration programs are recommended following specific guidelines as described in detail in the MTUS, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, however it is also not suggested that a continuous course of treatment be interrupted at 2 weeks solely to document these gains, if there are indications that these gains are being made on a consistent basis. Total treatment duration should not exceed 20 full day sessions or the equivalent in part-day sessions if required by part-time work, transportation, childcare or comorbidities. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved, longer durations require individualized care plans and proven outcomes and should be based on chronicity of disability and other known risk factors for loss of function. The request is for Functional Restoration Program evaluation for an initial 2 weeks program, which falls within the guideline recommendation of 2 weeks for initial trial to demonstrate efficacy as documented by subjective and objective gains and is medically necessary in this injured worker, based on his documented clinical needs and the guidelines.

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