MAXIMUS Federal Services

Case Number:	CM15-0060360		
Date Assigned:	05/11/2015	Date of Injury:	05/21/2000
Decision Date:	06/09/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 21, 2010. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for electro diagnostic testing of the bilateral upper extremities. Cymbalta was partially approved while Kinesio taping was denied outright. The claims administrator referenced a RFA form of March 7, 2015 and associated progress note of March 4, 2015 in its determination. The applicant's attorney subsequently appealed. On March 4, 2015, the applicant reported ongoing complaints of low back pain radiating to the thighs. Left upper extremity paresthesias were also reported. The applicant stated that his sleep was improved despite issues with nightmares. The applicant's medications included Norco, Cymbalta, and Levoxyl, it was reported. 10/10 pain over the last week was evident with associated with worsening paresthesias. The note was difficult to follow and mingled historical issues with current issues. The applicant stated that walking greater than four to five blocks was problematic secondary to lower extremity paresthesias. The applicant did have comorbid hypothyroidism. Kinesio taping for the cervical spine, chiropractic manipulative therapy, and Cymbalta were endorsed. A 10-pound lifting limitation was endorsed. TENS unit supplies were furnished. The attending provider stated that electro diagnostic testing was endorsed to search for peripheral neuropathy versus cervical radiculopathy. It was not clearly established whether the request for Cymbalta was a first-time request or a renewal request. In an earlier note dated January 19, 2015, the applicant reported ongoing complaints of upper and lower extremity paresthesias, sometimes as high as 10/10. Standing and/or walking greater than

four to five blocks remained problematic owing to the paresthesias. The applicant was on Norco, Cymbalta, and Levoxyl, it was reported. Acupuncture, electro diagnostic testing, and Cymbalta were endorsed. The attending provider suggested that electro diagnostic would help to establish the presence of polyneuropathy versus cervical spinal stenosis. A rather proscriptive 10-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Needle EMG/NCS of bilateral upper extremities: Overturned

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 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Yes, the request for electro diagnostic testing of the bilateral upper extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 178, EMG and NCV testing can help to identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both which last greater than three to four weeks. Here, the applicant has had longstanding upper and lower extremity paresthesias. The attending provider stated that peripheral polyneuropathy and/or cervical radiculopathy were on the differential diagnosis list. The applicant did have issues with hypothyroidism, increasing the likelihood of the applicant's carrying a superimposed disease process such as a peripheral polyneuropathy. Therefore, the request was medically necessary.

Cymbalta 30mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: Conversely, the request for Cymbalta, an antidepressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta can be employed off label for radiculopathy, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was seemingly off of work. A rather proscriptive 10-pound lifting limitation was renewed, seemingly unchanged, from visit to visit. The applicant did not appear to be working with said limitation in place. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioid agents

such as Norco or other forms of medical treatment, including acupuncture and trigger point injection therapy. The applicant continued to report pain complaints as high as 10/10 on various occasions, despite ongoing Cymbalta usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

1 Kinesio tape: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Kinesio tape (KT).

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 963: Recommendation: Taping and Kinesio taping for Neuropathic Pain, CRPS, of Chronic Persistent Pain Taping and kinesio taping are not recommended for treatment of neuropathic pain, CRPS, or other chronic persistent pain. Strength of Evidence Not Recommended, Insufficient Evidence (I) Rationale for Recommendation: Taping and kinesio taping are not proven effective for the treatment of chronic pain conditions.

Decision rationale: Finally, the request for Kinesio-taping was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Kinesio taping. However, the Third Edition ACOEM Guidelines note that taping and/or Kinesio taping are not recommended in the treatment of chronic pain conditions. The attending provider's documentation contained little in the way of narrative commentary and did not include much in the way of narrative support or narrative commentary for Kinesio taping in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.