

<b>Case Number:</b>	CM15-0076969		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injury on 10/20/2000. Current diagnoses include thoracic strain, lumbar radiculopathy with lumbar strain, cervical strain, cervicogenic headaches, right hip strain, status post left shoulder surgery, secondary depression due to chronic pain, secondary insomnia due to chronic pain, GERD, constipation, insomnia due to chronic pain, and erectile dysfunction due to chronic pain. Previous treatments included medication management, left shoulder surgery, cortisone injections, and physical therapy. Previous diagnostic studies include an MRI's. Report dated 03/31/2015 noted that the injured worker presented with complaints that included mid back pain with radiation, neck pain, low back pain with radiation, right hip pain, left shoulder pain, headaches, TMJ dysfunction, insomnia due to pain, dyspepsia due to pain medications, blood in stool due to constipation from pain medications, depression due to pain, constipation almost obstipation, difficulty sleeping, and erectile dysfunction due to chronic pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included requests for pain management consultation and EMG/NCV due to numbness in both hands to rule out cervical radiculitis, continue with medications, trial of Butrans patch, request for right hip surgery, request for additional GI diagnostic studies, and request for Viagra due to erectile dysfunction due to chronic pain. Disputed treatments include an EMG/NCV of the bilateral upper extremities and a prescription for Viagra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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, 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 persist. 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. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or new physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore, the request is not certified.

**Viagra 100mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, viagra.

**Decision rationale:** The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated

in the treatment of erectile dysfunction. The patient has the diagnosis of erectile dysfunction secondary to chronic pain. Therefore, the request is medically indicated and certified.