

Case Number:	CM15-0078706		
Date Assigned:	04/29/2015	Date of Injury:	02/25/2000
Decision Date:	07/03/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois

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 a 63 year old female, who sustained an industrial injury on 2/25/2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include status post cervical fusion with increasing radicular pain in the right side, chronic pain syndrome, and bilateral carpal tunnel syndrome. Treatments to date include medication therapy and acupuncture treatments. Currently, she complained of persistent neck pain and upper extremity numbness. On 3/10/15, the physical examination documented tenderness to cervical muscles, decreased range of motion on the right side. The plan of care included additional acupuncture treatment and electromyogram and nerve conduction studies (EMG/NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture has been of significant benefit in decreasing pain, but this has not resulted in a decrease in the use of medications. The MTUS recommends, "Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months. (Acupuncture treatments may be extended if functional improvement is documented)." The MTUS defines functional improvement as, "Functional improvement means either 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 visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." The injured worker sustained a work related injury on 2/25/2000. The medical records provided indicate the diagnosis of status post cervical fusion with increasing radicular pain in the right side, chronic pain syndrome, and bilateral carpal tunnel syndrome. Treatments to date include medication therapy and acupuncture treatments. The medical records provided for review do not indicate a medical necessity for 12 acupuncture sessions. The medical records indicate the injured worker has been doing Acupuncture since 2013; however the records do not specify who many visits the injured worker has had. Therefore, this request is not medically necessary.

NCV/EMG test upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on 2/25/2000. The medical records provided indicate the diagnosis of status post cervical fusion with increasing radicular pain in the right side, chronic pain syndrome, and bilateral carpal tunnel syndrome. Treatments to date include medication therapy and acupuncture treatments. The medical records provided for review do not indicate a medical necessity for NCV/EMG test upper extremity. The medical records indicate the injured worker has evidence of neurological deficit in the physical examination; previous EMG/NCV revealed C6 radiculopathy and carpal tunnel syndrome. The MTUS recommends against ordering EMG for diagnosis for nerve root involvement if the history, physical examination and imaging are consistent. The Official Disability Guidelines recommends against NCV 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. This guideline additionally states, "there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy." Therefore, this request is not medically necessary.

1 Prescription of Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The injured worker sustained a work related injury on 2/25/2000. The medical records provided indicate the diagnosis of status post cervical fusion with increasing radicular pain in the right side, chronic pain syndrome, and bilateral carpal tunnel syndrome. Treatments to date include medication therapy and acupuncture treatments. The medical records provided for review do not indicate a medical necessity for 1 Prescription of Gabapentin. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records indicate the injured worker has been taking this medication since 2013, but there has been no documentation of 30% improvement in the pain as is recommended. Also, the medication appears to have been of much use in the treatment of Migraine (which is not traditionally considered as Occupational Medicine condition) rather than the neuropathic pain the medical records said it helped with the neuropathic pain, but this was not quantified. Therefore, this request is not medically necessary.

1 Prescription of Amitriptyline 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline - Tricyclic antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Antidepressants for chronic pain Page(s): 8; 13.

Decision rationale: The injured worker sustained a work related injury on 2/25/2000. The medical records provided indicate the diagnosis of status post cervical fusion with increasing radicular pain in the right side, chronic pain syndrome, and bilateral carpal tunnel syndrome. Treatments to date include medication therapy and acupuncture treatments. The medical records provided for review do not indicate a medical necessity for 1 Prescription of Amitriptyline 25mg. Amitriptyline is an antidepressant. The Antidepressants are recommended as first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical records indicate the injured worker has been taking this medication at least since 2013 but there has been no documented benefit attributed to this medication. The MTUS recommends discontinuation of a treatment modality if it does not appear to be beneficial. Therefore, this request is not medically necessary.

1 Prescription of Cymbalta 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Antidepressants for chronic pain Page(s): 8; 13.

Decision rationale: The injured worker sustained a work related injury on 2/25/2000. The medical records provided indicate the diagnosis of status post cervical fusion with increasing radicular pain in the right side, chronic pain syndrome, and bilateral carpal tunnel syndrome. Treatments to date include medication therapy and acupuncture treatments. The medical records provided for review do not indicate a medical necessity for: 1 Prescription of Cymbalta 60mg. Cymbalta is an antidepressant. The Antidepressants are recommended as first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical records indicate the use of this medication predates 12/2013 but there has been no documented benefit attributed to this medication. The MTUS recommends discontinuation of a treatment modality if it does not appear to be beneficial. Therefore, this request is not medically necessary.