

Case Number:	CM15-0095937		
Date Assigned:	05/22/2015	Date of Injury:	01/28/2004
Decision Date:	06/30/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on 1/28/04 due to a fall while lifting. The diagnoses have included cervical sprain and lumbar radiculopathy. Treatment to date has included physical therapy, and medications. Magnetic resonance imaging (MRI) of the cervical spine on 3/21/15 was noted to show spinal canal stenosis, disc protrusions, and severe neuroforaminal narrowing at multiple levels. An Agreed Medical Examination in October 2014 notes that the injured worker last worked in August 2013. The AME report discusses electrodiagnostic studies of the upper extremities on 10/10/12 which showed mild left ulnar motor neuropathy at the elbow. Soma (carisoprodol) has been prescribed since at least February 2015. Hydrocodone has been prescribed since at least June 2014. It was documented at a visit in March 2015 that physical therapy in the past improved her pain and allowed her to function. At a visit on 4/6/15, injured worker has complaints of left shoulder pain. Current medications include carisoprodol, hydrocodone, naproxen, and omeprazole. Examination of the cervical spine shows spasm present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. There was normal sensory and motor examination of the upper extremities, with normal reflexes and negative Spurling's sign. The shoulders had tenderness to pressure over the joint. The request was for physical therapy, neck and left shoulder, three times per week for four weeks, 12 sessions, electromyography/nerve conduction velocity upper extremities, orthopedic spine surgeon consultation, spine for cervical spine, carisoprodol 350mg quantity 60, and hydrocodone 10/325mg quantity 60. On 4/16/15, Utilization Review (UR) non-certified or

modified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Neck & Left Shoulder, 3 times per wk for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. This injured worker has neck and shoulder pain. The documentation indicates that the injured worker had prior physical therapy which was noted to improve her pain and allow her to function, without discussion of specific functional improvement. It was noted that the injured worker has not worked since 2013. There was no documentation of specific improvements in activities of daily living, reduction in medication use, or decrease in frequency of office visits due to the prior physical therapy. In addition, the number of sessions requested (12) is in excess of the maximum number recommended by the guidelines (10). Due to lack of functional improvement from prior therapy, and number of sessions requested in excess of the guidelines, the request for Physical Therapy, Neck & Left Shoulder, 3 times per wk for 4 wks, 12 sessions is not medically necessary.

EMG (electromyography)/ NCV (nerve conduction velocity), Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): chapter 8 p. 168-171, 182, chapter 11 p. 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at

the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is 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. In this case, there was no documentation of plan for surgery or epidural steroid injection. There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Recent examination showed normal sensation, strength, and reflexes in the upper extremities. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and necessary clinical examination findings outlined in the MTUS.

Orthopedic Spine Surgeon consultation, Cervical spine (within MPN): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The ACOEM neck and upper back chapter states that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair, and unresolved radicular symptoms after receiving conservative treatment. In this case, the injured worker had chronic neck pain, with recent normal neurological examination of the upper extremities. There was no documentation of extreme progression of symptoms, or diagnostic findings showing a specific lesion which would benefit from surgical repair. Due to lack of specific indication, the request

for Orthopedic Spine Surgeon consultation, Cervical spine (within MPN) is not medically necessary.

Carisoprodol 350 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-33.

Decision rationale: This injured worker has chronic neck and shoulder pain. Soma (carisoprodol) has been prescribed for at least two months. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. As such, the request for carisoprodol is not medically necessary.

Hydrocodone 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back, neck, and shoulder pain. Hydrocodone has been prescribed for at least 10 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. It was noted that the injured worker has not worked since 2013. There was no documentation of specific improvements in activities of daily living, reduction in medication use, or decrease in frequency of office visits. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities

of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, hydrocodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.