

Case Number:	CM13-0038617		
Date Assigned:	04/28/2014	Date of Injury:	08/28/2013
Decision Date:	07/11/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has filed a claim for headaches and cervical musculoligamentous strain/sprain with radiculitis associated with an industrial injury date of August 28, 2013. Treatment to date has included wrist braces, interferential unit, and moist heat pad. Medical records from 2013 were reviewed showing the patient complaining of mainly neck, back, and wrist pain from continuous trauma as an accountant. The patient has been seen a few psychologists but it is unclear whether the patient attended behavioral therapy. On examination, the cervical spine was noted to be tender with presence of a spasms. There was decreased range of motion for the cervical spine. Compression test was positive. The thoracic spine was also tender with presence of spasms and trigger points. The bilateral wrists were tender. There was decreased range of motion for the bilateral wrists. Phalen's test was positive for the bilateral wrists. There was decreased motor strength in the bilateral wrists/hands. There was decreased sensation over the bilateral median nerve distribution. Utilization review from October 9, 2013 denied the requests for EMG/NCV due to no evidence of failure of conservative treatment, consult with psychologist due to no specific psychopathology or comorbidity, consult with insomnia specialist due to no sleep hygiene evaluation, consult with neurologist due to no neurological red flags, counseled with internist due to no mention of any failure of conservative treatment and nonspecific internal complaints, FCE due to no support from guidelines, interferential unit due to no failure of first line treatment, and moist heat pad due to no support from guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM guidelines state that EMG studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks with significant response to conservative treatment. In this case, the patient has nonspecific neurological findings but it is unclear whether the patient has had appropriate conservative treatment. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM guidelines state that nerve conduction velocity studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks with significant response to conservative treatment. In this case, the patient has nonspecific neurological findings and it is unclear whether the patient has received conservative treatment for this problem. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.

CONSULT WITH PSYCHOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: The ACOEM guidelines state that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient is noted to have seen previous psychologists already. However, notes from these visits were not provided. In addition, it is unclear whether the patient has had adequate conservative treatment for the injury. The psychiatric complaints were nonspecific. Therefore, the request for a consult with psychologist is not medically necessary.

CONSULT WITH INSOMNIA SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: The ACOEM guidelines state that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there has been no thorough evaluation of the patient's sleep hygiene to warrant a consultation with a specialist. Therefore, the request for a consult with insomnia specialist is not medically necessary.

CONSULT WITH NEUROLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: The ACOEM guidelines state that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has nonspecific neurological complaints that have not been tried with conservative treatment. Therefore, the request for consult with neurologist is not medically necessary.

CONSULT WITH INTERNIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: The ACOEM guidelines state that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there are no specific complaints that may be addressed by an internist. Conservative treatment for the patient's signs and symptoms has not been thoroughly documented. Therefore, the request for consult was internist is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 137-138.

Decision rationale: The ACOEM guidelines state that FCEs are deliberately simplified evaluations that are not an accurate representation of what a patient can or cannot do in the workplace. Functional capacity evaluations are highly effort dependent and merely reflect what a patient chooses to perform on a certain day. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, guidelines do not fully support the use of functional capacity evaluations. The documentation is sparse concerning the patient's actual functional status given minimal subjective and objective findings. Therefore, the request for functional capacity evaluation is not medically necessary.

INTERFERENTIAL UNIT: 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 Page(s): 118-120.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that interferential stimulation is only recommended as an adjunct for patients who have failed conservative treatment as well as the use of a TENS unit. In this case, the documentation does not clearly highlight failed conservative treatments including a TENS unit to warrant the use of an interferential unit. It is unclear whether the patient is participating in an ongoing physical therapy regimen. Therefore, the request for interferential unit is not medically necessary.

MOIST HEAT PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: The ODG states that cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. In this case, the description of the heating is not clear whether this is a passive modality or a motorized unit. Passive modalities are recommended but there is no quality evidence for the use of automated or motorized heating units. Therefore, the request for moist heat pad is not medically necessary.