

<b>Case Number:</b>	CM13-0044573		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 employee is a 39 year old female claimant with neck, mid, low back pain and left elbow pain. Industrial injury secondary to report of cumulative trauma 8/9/09-8/9/10. Report on 1/20/12 of no improvement with 12 prior sessions of physical therapy. PR-2 12/9/13 demonstrates patient with report of left shoulder and neck pain. Patient off work. Objective findings demonstrate normal neurologic examination. PR-2 5/13/13 reports patient with multiple body part complaints. Patient off work. Exam demonstrates positive Tinel's left wrist/elbow and normal neurologic examination. PR-2 7/1/13 demonstrates normal neurologic examination with straight leg raise testing bilaterally. Report of positive Tinel's left wrist and elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for NCS bilateral upper extremities: 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), Page 178 and the Official Disability Guidelines (ODG).

**Decision rationale:** Per the ACOEM Guidelines 2nd edition, page 178, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients. Based upon the clinical information submitted the NCV component is not medically necessary. There is evidence in the records of presumptive radiculopathy. Per the Official Disability Guidelines, Low back section, Nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based upon the review of the available medical records and the clinical guidelines listed above, the determination is for non certification as NCS are not medically necessary

**The request for (EMG) Electromyography bilateral upper extremities:** 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) and the Official Disability Guidelines (ODG).

**Decision rationale:** In this case the guidelines do not support EMG or NCV testing for cubital tunnel syndrome. Therefore the determination is for non certification as not medically necessary.

**The request for SPF NCS cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

**Decision rationale:** In this case there is no evidence of diabetes and the use of SPF NCS is not supported by the guidelines. Therefore determination is for non certification as not medically necessary.

**The request for SPF NCS thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Second Edition, Chapter 3 - Initial Approaches to Treatment, Page 48 and Chapter 12 - Low Back Complaints, Pages 298 and 301

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** In this case there is no evidence of diabetes and the use of SPF NCS is not supported by the guidelines. Therefore determination is for non certification as not medically necessary

**The request for SPF NCS lumbar spine:** 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 Official Disability Guidelines (ODG).

**Decision rationale:** In this case there is no evidence of diabetes and the use of SPF NCS is not supported by the guidelines. Therefore determination is for non certification as not medically necessary.

**The request for MRI of the left elbow:** 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 CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004) Page 13.

**Decision rationale:** Per the Guidelines regarding MRI of the left elbow, it is not indicated for cubital tunnel. Therefore the determination is for non-certification as not medically necessary

**The request for MRI of the lumbar spine:** 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 the CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004).

**Decision rationale:** In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore the request of the MRI of the lumbar spine is not medically necessary and appropriate and is non-certified.

**The request for MRI of the cervical spine:** 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 CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Pages 177-178

**Decision rationale:** In this case the patient does not meet any of the above criteria for an MRI of the cervical spine. The patient has a normal neurologic examination and no red flags to warrant advanced imaging. Therefore the determination is for non-certification as not medically necessary

**The request for serial functional capacity evaluations:** 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 the Official Disability Guidelines (ODG).

**Decision rationale:** In this case as the claimant has been at TTD, the issue of serial FCE is not medically necessary and non-certified.

**The request for final PNS functional capacity evaluation:** 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 Official Disability Guidelines (ODG)

**Decision rationale:** In this case as the claimant has been at TTD, the issue of PNS FCE is not medically necessary and non-certified.

**The request for continued physical therapy 2 times a week for 8 weeks:** 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.

**Decision rationale:** In this case there is insufficient evidence to support continued physical therapy as there has been no functional improvement. Therefore the determination is for non-certification

**The request for Medrox:** 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 California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) and NIH DailyMed.

**Decision rationale:** The MTUS and ODG Guidelines both note that for topical compounded medications, if any one component is not recommended under the respective guidelines, the entire medication cannot be recommended. Medrox ointment contains a combination of menthol 5%, capsaicin 0.0375% and methyl salicylate 20% (from NIH Daily Med). The MTUS and ODG guidelines do not recommend the use of capsaicin in dosages higher than 0.025 % for the treatment of low back pain. The FDA cautions the use of menthol, capsaicin and/or methyl salicylate topicals due to the potential for chemical burns and a warning has been added to these medications. As this formulation contains > 0.025 % capsaicin, its use cannot be recommended as the ODG and MTUS criteria for this component are not met. Consequently, the use of Medrox ointment should not be certified.

**The request for psychologist consultation:** 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).

**Decision rationale:** The review of records does not support a psychiatric claim. Therefore the request for a psychologist consultation is non-certified as not medically necessary

**The request for acupuncturist consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient previously has treated with acupuncturist without functional improvement. Therefore the determination is non-certification as not medically necessary

**The request for Chiropractor consultation:** 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) Second Edition, Chapter 12.

**Decision rationale:** Based upon the records reviewed the patient has not improved with prior visits to the chiropractor. The patient does not meet medical necessity according to the ACOEM guidelines and therefore it is non-certified.