

Case Number:	CM13-0053649		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2011
Decision Date:	09/09/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, bilateral upper extremity pain, and bilateral lower extremity pain reportedly associated with an industrial injury of December 14, 2011. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; intermittent drug testing; genetic testing/DNA testing; and periods of time off of work. In a Utilization Review Report dated October 30, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper and bilateral lower extremities, denied a lumbar MRI, denied a knee MRI, partially certified Tramadol for weaning purposes, denied Piroxicam (Feldene), denied Omeprazole, approved a urine toxicology screen, and approved laboratory testing. The applicant's attorney subsequently appealed. In a progress note dated May 30, 2013, the applicant had apparently transferred care to a new primary treating provider. The applicant was described as having last worked in March 2012. The applicant was off of work, on total temporary disability, it was acknowledged. The attending provider noted that the applicant had had previous MRI imaging of the brain and spine in October 2012, it was stated. The applicant, it was further noted, had alleged pain secondary to cumulative trauma as opposed to a specific, discrete injury. Complaints of headaches, neck pain, hand and wrist pain, low back pain, and knee pain were noted. The applicant did allege issues with burning pain about the feet and weakness about the ankles with numbness, tingling, and paresthesias about the hands. The applicant did have issues with dyslipidemia, cholesterol, and diabetes, it was noted. The applicant had been a diabetic for 21 years, it was further noted. The applicant was placed off of work, on total temporary disability. MRI imaging of the lumbar spine and electrodiagnostic testing of the upper extremities were ordered to rule out carpal tunnel

syndrome. CT scanning of the brain was ordered to evaluate the applicant's allegations of forgetfulness and difficulty with speech. The applicant apparently alleged an initial injury secondary to blunt trauma at work. Norco was endorsed for breakthrough pain. A functional capacity evaluation, Ambien, and topical compounds were endorsed. A psychological consultation, MRI imaging of the lumbar spine, and CT imaging of the head were also endorsed. Acupuncture, paraffin wax therapy, and a TENS-interferential stimulator were also sought, along with DNA testing and urine toxicology testing. In a later note dated July 11, 2013, the applicant presented with bilateral wrist pain, 4-8/10 and low back pain, 7-8/10 with weakness and tingling about the bilateral legs. The applicant reported a variety of symptoms including depression, anxiety, insomnia, and difficulty standing and walking. Urine drug testing, wrist bracing, Norco, Ambien, and topical compounds were endorsed while the applicant was placed off of work. The note was difficult to follow and employed preprinted checkboxes without furnishing much in the way of narrative commentary. In a medical-legal evaluation of October 22, 2013, the applicant was described as an insulin-dependent diabetic with ongoing complaints of 8/10 low back pain. The applicant was described as also having knee pain, hand and wrist pain, and possible carpal tunnel syndrome. The medical-legal evaluator attributed 70% of the applicant's issues to cumulative trauma at work with 30% of the applicant's issues attributed to nonindustrial diabetes mellitus. The applicant did have a lumbar MRI of October 25, 2011 which demonstrated a large disk herniation at L4-L5 and L5-S1 causing narrowing of the central canal and neural foramen. The remainder of the file was surveyed. There was no evidence that the applicant had had prior electrodiagnostic testing of the upper extremities or lower extremities, although it did appear that the applicant had had prior epidural steroid injection therapy. The medical-legal evaluator did note on August 22, 2013 that MRI imaging of the knee should be endorsed to rule out a meniscal tear but did not state that the applicant was intent on pursuing any kind of surgical remedy involving the knee.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the EMG at issue here, is indicated to help establish a diagnosis of carpal tunnel syndrome. In this case, the applicant is an insulin-dependent diabetic. The applicant has ongoing complaints of bilateral upper extremity paraesthesias, diminished grip strength, and issues with dropping objects. All of the above, taken together, do suggest that either carpal tunnel syndrome or a generalized peripheral neuropathy or a possible cervical radiculopathy could be diagnostic considerations here. Appropriate EMG testing to help distinguish between the possible diagnostic considerations is indicated. Therefore, the request is medically necessary.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a clinically obvious radiculopathy is "not recommended." In this case, the applicant already has a clinically evident, radiographically confirmed radiculopathy, as suggested by his medical-legal evaluator, who recounted the presence of large disk herniations at L4-L5 and L5-S1 which apparently account for the applicant's ongoing lumbar radicular complaints. EMG testing of the lower extremities, by definition, is therefore superfluous. Therefore, the request is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies can help to distinguish between carpal tunnel syndrome and other possible diagnostic considerations, such as cervical radiculopathy. In this case, several items are in the differential diagnosis list, including possible carpal tunnel syndrome, cervical radiculopathy, and/or diabetic neuropathy. Obtaining nerve conduction testing to help distinguish between the possible diagnostic considerations is indicated. Therefore, the request is medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does state that electrical studies for routine foot and ankle issues without clinical evidence of an entrapment neuropathy is "not recommended," in this case, the applicant is an insulin-dependent diabetic of some 21 years. A diabetic neuropathy is, by implication, quite possible. Obtaining a nerve conduction testing of the bilateral lower extremities to help establish the diagnosis in question is indicated. Therefore, the request is medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention insofar as the lumbar spine is concerned. The applicant already has an established diagnosis of lumbar radiculopathy, based, in part, on strength of earlier lumbar MRI imaging in 2012. It is unclear what role repeat imaging would play if the applicant is not intent on pursuing any kind of surgical remedy. Therefore, the request is not medically necessary.

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2 does support MRI imaging to help confirm a diagnosis of meniscal tear, ACOEM qualifies the recommendation by noting that the test is question is indicated only if surgery is being contemplated. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention insofar as the right knee is concerned. Therefore, the request is not medically necessary.

PIROZICAM 10MG: 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 Functional Restoration Approach to Chronic Pain Management and Anti-inflammatory Medications topic Page(s): 7 and 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of anti-inflammatory medications such as Piroxicam as a first-line treatment for various chronic pain conditions, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to reduce, despite ongoing usage of Piroxicam. All of the above, taken together, suggests a lack of

functional improvement as defined in MTUS despite ongoing usage of the same. Therefore, the request is not medically necessary.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Omeprazole to combat NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

90 TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, none of the aforementioned criteria were met. The applicant is off of work, on total temporary disability. The applicant continues to report ongoing complaints of pain as high as 7-8/10, despite ongoing usage of Tramadol. There have been no concrete or tangible improvements in function achieved as a result of ongoing tramadol usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider is apparently concurrently receiving prescriptions for two short-acting opioids, Norco and Tramadol. No rationale was proffered by the attending provider in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.