

Case Number:	CM13-0056763		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2011
Decision Date:	10/17/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in Preventive 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 bilateral wrist, bilateral shoulder, upper back and lower back pain reportedly associated with an industrial injury of December 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical agents; and muscle relaxant. In a Utilization Review Report dated November 15, 2013, the claims administrator approved a spine consultation, approved gabapentin, approved tramadol, and denied a request for electrodiagnostic studies of the bilateral upper extremities, Lidoderm, and tizanidine. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated December 19, 2012, the applicant was given a 13% whole-person impairment rating. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On September 18, 2014, the applicant was given a variety of impairment ratings, including a 13% whole-person impairment rating for the lumbar spine and 8% whole-person impairment rating for the thoracic spine, a 10% whole-person impairment rating for the right upper extremity and a 6 to 7% impairment rating for the left upper extremity. The applicant did not appear to be working. In a medical-legal evaluation of September 18, 2014, the applicant apparently received electrodiagnostic testing of the bilateral upper extremities, which was suggestive of significant of right-sided carpal tunnel syndrome and a borderline left-sided carpal tunnel syndrome without evidence of coexisting cervical radiculopathy. A mild chronic L5 radiculopathy was noted without any evidence of polyneuropathy. On August 18, 2014, the applicant apparently presented with a multifocal upper back, bilateral upper extremity, and low back pain, 4 to 7/10. The applicant was using a variety of medications, including trazodone, tramadol and Lopressor. Work restrictions and additional acupuncture were endorsed. It was not clearly stated whether or not the applicant was working. However, on May 29, 2013, the

applicant again reported multifocal 3 to 5/10 neck, low back, and bilateral upper pain complaints, but multiple tender points and trigger points were noted. The treating provider again alluded to the applicant having had earlier electrodiagnostic testing suggestive of mild S1 radiculopathy, left ulnar neuropathy, and mild left-sided carpal tunnel syndrome. The applicant was asked to continue a TENS unit and obtain additional physical therapy. A rather proscriptive 10-pound lifting limitation was endorsed, although, once again, it did not appear that the applicant was working with said limitation in place. On August 15, 2013, the applicant was asked to employ wrist braces for her carpal tunnel syndrome. A left shoulder corticosteroid injection was endorsed. On November 6, 2013, the applicant again reported persistent low back, left shoulder, and bilateral upper extremity pain, 6 to 7/10. The attending provider stated that the applicant needed electrodiagnostic testing of the bilateral upper extremities to assess for progression of carpal tunnel syndrome warranting surgical treatment. The applicant is asked to continue with a TENS unit in the interim. The applicant was using gabapentin, tramadol, Lidoderm, tizanidine, and Lopressor, it was stated. The attending provider stated that medications were providing only temporary pain relief. The same rather proscriptive 10 pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of the treatment if symptoms persist in applicants in whom the initial testing was negative, in this case. However, the applicant had positive electrodiagnostic testing on December 19, 2012, which was notable for a significant right-sided carpal tunnel syndrome. This testing was, furthermore, repeated in September 2014 and was, once again, positive for significant for right-sided carpal tunnel syndrome and again notable for borderline left-sided carpal tunnel syndrome. Contrary to what was asserted by the primary treating provider (PTP), it did not appear that the applicant was intent on acting on the results of any of the electrodiagnostic studies in question. The applicant did not seemingly go on to consult a hand surgeon and/or consider a surgical remedy for the already-established diagnosis of carpal tunnel syndrome. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) of bilateral upper extremities (motor) #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

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

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier electrodiagnostic testing was negative, in this case, however, the applicant already had positive electrodiagnostic of December 19, 2012, notable for right-sided carpal tunnel syndrome. No compelling rationale for repetition of testing was established here. Contrary to what was asserted by the primary treating provider (PTP), the applicant did not seemingly act on the results of several sets of electrodiagnostic testing performed over the course of the claim. At no point did the applicant did go on to seemingly consult a hand surgeon and/or consider a carpal tunnel release surgery. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) of bilateral upper extremities (sensory) #6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

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

Decision rationale: While MTUS Guidelines in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of the treatment if symptoms persist in applicants in whom other testing was negative, in this case, however, the earlier electrodiagnostic testing was positive and did definitively establish the diagnosis of right-sided carpal tunnel syndrome. It was not clear why repeat testing was considered as the applicant already had a diagnosis of clinically evident, electrodiagnostically confirmed right-sided carpal tunnel syndrome. Repeat testing was/is not indicated. Therefore, the request is not medically necessary.

Lidoderm Patch 5%#180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of topical lidocaine in applicants with neuropathic pain in whom there has been a trial of first line therapy, antidepressants and anticonvulsants, in this case. However, the applicant's ongoing usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for Lidoderm patches at issue. Therefore, the request is not medically necessary.

Tizanidine 4 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE Page(s): 66.

Decision rationale: While page 66 in the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary on page 7 in 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, the applicant is off of work. A rather proscriptive 10-pound lifting limitation remains in place. The applicant continues to report pain complaints, despite ongoing usage of tizanidine. Ongoing usage of tizanidine failed to curtail the applicant's dependence on other treatments, including a wrist brace and opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.