MAXIMUS Federal Services

Case Number:	CM13-0062285		
Date Assigned:	12/30/2013	Date of Injury:	12/08/2010
Decision Date:	04/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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 a 46-year-old female who reported an injury on 12/08/2010. The patient was reportedly injured when she was struck by a client. The patient is diagnosed with rotator cuff syndrome, cervical radiculopathy, lateral epicondylitis, and De Quervain's tenosynovitis. The patient was seen by [redacted] on 10/04/2013. Subjective complaints and objective findings were not provided on that date. Treatment recommendations included a neurosurgical consultation, EMG/NCV study, flexion and extension x-rays, MRI of the cervical spine, continuation of current medications, and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROSURGICAL CONSULT AND FOLLOW-UP QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page(s) 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a physical examination on the requesting date. There is no documentation of a significant musculoskeletal or neurological deficit. There is no indication of a progression or worsening of symptoms or physical examination findings. There is also no evidence of an exhaustion of conservative treatment prior to the request for a specialty referral. Therefore, the medical necessity has not been established. Based on the clinical information received, the request is non-certified.

EMG BILATERAL UPPER EXTREMITIES QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page(s) 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant neurological deficit upon physical examination. There is also no indication of an exhaustion of conservative treatment. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

NCS BILATERAL UPPER EXTREMITIES QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page(s) 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant neurological deficit upon physical examination. There is also no indication of an exhaustion of conservative treatment. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

FLEXION EXTENSION X-RAYS CERVICAL SPINE QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no indication of a progression or worsening of symptoms or physical examination findings. There is no documentation of an exhaustion of conservative treatment. The medical necessity has not been established. Therefore, the request is non-certified.

MRI CERVICAL SPINE QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no indication of a progression or worsening of symptoms or physical examination findings. There is no documentation of an exhaustion of conservative treatment. The medical necessity has not been established. Therefore, the request is non-certified.

PRILOSEC 20MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. Based on the clinical information received, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

TOPICAL CREAM IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-TOPICAL ANALGESICS-NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved topical NSAID is diclofenac. Therefore, the current request cannot be determined as medically appropriate. There is also no documentation of a failure to respond to first line oral medication. Based on the clinical information received, the request is non-certified.

TOPROPHAN QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS: Official Disability Guidelines (ODG) Chronic pain Chapter, Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS: Official Disability Guidelines (ODG) Chronic pain Chapter, Medical Food

Decision rationale: Toprophan is a nutritional supplement consisting of vitamin B6, L-tryptophan, chamomile, valerian extract, melatonin, and other ingredients. Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There is no documentation of a specific vitamin deficiency. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

TYLENOL 800MG QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Work Loss Data Institute, ODG Treatment in Workers Compensation 7th Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

Decision rationale: California MTUS Guidelines state acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no documentation of objective functional improvement as a result of the ongoing use. Based on the clinical information received, the request is non-certified.

IF UNIT QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications, side effects, and a history of substance abuse or significant pain from postoperative conditions. As per the documentation, there is no evidence of a failure to respond to conservative measure. There is also no documentation of a successful 1 month trial with the interferential stimulation unit prior to the request for a purchase. There is also no documentation of a treatment plan with the specific short and long term goals of treatment with the unit. Based on the clinical information received, the request is non-certified.

IF UNIT SUPPLIES (MONTHS) QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications, side effects, and a history of substance abuse or significant pain from postoperative conditions. As per the documentation, there is no evidence of a failure to respond to conservative measure. There is also no documentation of a successful 1 month trial with the interferential stimulation unit prior to the request for a purchase. There is also no documentation of a treatment plan with the specific short and long term goals of treatment with the unit. Based on the clinical information received, the request is non-certified.

IF UNIT BATTERIES (MONTHS) QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications, side effects, and a

history of substance abuse or significant pain from postoperative conditions. As per the documentation, there is no evidence of a failure to respond to conservative measure. There is also no documentation of a successful 1 month trial with the interferential stimulation unit prior to the request for a purchase. There is also no documentation of a treatment plan with the specific short and long term goals of treatment with the unit. Based on the clinical information received, the request is non-certified.

LEAD WIRES QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications, side effects, a history of substance abuse or significant pain from postoperative conditions. As per the documentation, there is no evidence of a failure to respond to conservative measure. There is also no documentation of a successful 1 month trial with the interferential stimulation unit prior to the request for a purchase. There is also no documentation of a treatment plan with the specific short and long term goals of treatment with the unit. Based on the clinical information received, the request is non-certified.