

Case Number:	CM13-0066542		
Date Assigned:	07/02/2014	Date of Injury:	08/31/2009
Decision Date:	09/05/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 represented [REDACTED] employee who has filed a claim for chronic bilateral wrist and hand pain reportedly associated with an industrial injury of August 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; multiple lumbar epidural steroid injections; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with permanent limitations in place. In a utilization review report dated November 20, 2013, the claims administrator conditionally denied a request for a pain management consultation, MRI imaging of bilateral wrists and hands, electrodiagnostic testing of the lower extremities, electrodiagnostic testing of the upper extremities, and a spine surgery consultation. The claims administrator based its denial on regulatory time constraints and the fact that the attending provider had allegedly failed to produce requested information in a timely manner. On June 5, 2013, the applicant presented following an earlier epidural steroid injection. The applicant also had issues with an infected foot, it was noted. The applicant had persistent complaints of low back pain radiating to the right leg. It was stated that the applicant was status post lumbar fusion surgery and had evidence of a residual 7-mm disc protrusion at L5-S1. The applicant was using tramadol and Neurontin, it was stated. It was stated that the applicant's radicular complaints had been resolved following the epidural injection. The applicant was therefore no longer taking Neurontin. The applicant did exhibit strength about the right lower extremity ranging from 4-5/5 with some hypoesthesia noted about the right L5-S1 dermatome. Vicodin, tramadol, and urine drug testing was sought, along with additional physical therapy. In a June 13, 2013 progress note, it was stated that the applicant had severe spinal stenosis at L2-L3 and L5-S1 above and below the level of L3-L4 and L4-L5 fusion surgeries. It was stated that the

applicant carried a diagnosis of radiculopathy, compression fracture, osteoporosis, and/or possible diabetic neuropathy. No basis for the comments that the applicant might have a diabetic neuropathy was provided. It was not stated that the applicant was diabetic or that the applicant was using medications for diabetes. In a progress note of August 6, 2013, it was again stated that the applicant needs to undergo an evaluation for possible osteoporosis, 5-10/10 pain, highly variable, was noted. Vicodin and tramadol were again renewed. On September 25, 2013, another epidural steroid injection was sought, along with an evaluation for osteoporosis. It was stated that the applicant had already had evidence of L5-S1 radiculopathy established on electrodiagnostic testing on July 19, 2012. The attending provider also stated that the applicant had a history of diabetic neuropathy. The progress note was again focused on the applicant's complaints of low back pain radiating to the right lower extremity. On October 22, 2013, the applicant was described as carrying a diagnosis of chronic low back pain, possible carpal tunnel syndrome, CMC joint arthritis, a trigger finger, depression, anxiety, and sleep disturbance. The applicant was placed off of work, on temporary total disability. A CT scan of the lumbar spine was sought to rule out a nonunion of the same. The applicant had been terminated by his former employer and was receiving social security disability insurance benefits, it was stated. The note was extremely difficult to follow. The attending provider stated that the applicant had pins and needles sensations and paresthesias about the bilateral hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Pain Management Consultation: Overturned

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): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has chronic multifocal pain complaints. The applicant is off work, on temporary total disability. The applicant's chronic pain complaints have proven recalcitrant to a variety of operative and nonoperative interventions. Obtaining the added expertise of a physician specializing in chronic pain, namely a pain management physician, as indicated. Therefore, the request is medically necessary.

(1) MRI of the bilateral wrist and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 11-6, PAGE 269.

Decision rationale: The attending provider has indicated that the most likely operating diagnosis is carpal tunnel syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. It is not clear why MRI imaging is being sought here as MRI imaging has been deemed relatively insensitive in its ability to identify and define suspected carpal tunnel syndrome. Given the above the request is not medically necessary.

(1) EMG of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8, PAGE 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 deemed "not recommended." In this case, the applicant already has an established diagnosis of lumbar radiculopathy status post earlier lumbar fusion surgery. The applicant has significant structural changes noted above and below the fusion. The applicant also has a large residual herniated disc, the attending provider has further posited. It is unclear why EMG testing is being sought if the applicant already has an established diagnosis of lumbar radiculopathy, both clinically evident and radiographically confirmed. Therefore, the request is not medically necessary.

(1) NCV of the lower 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 Non-MTUS ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Diagnosis Testing Section.

Decision rationale: The MTUS does not address the topic of nerve conduction study for a primary low back condition. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, nerve conduction studies are recommended when there is a peripheral neuropathy of uncertain cause owing to a confounding condition such as diabetes mellitus. In this case, the attending provider has already established the presence of both lumbar radiculopathy and superimposed diabetic neuropathy. It is unclear what purpose repeat nerve conduction testing would achieve as the diagnoses in question, namely lumbar radiculopathy, peripheral neuropathy, and diabetic neuropathy, have already been definitively established. Therefore, the request is not medically necessary.

(1) EMG of the upper extremities: Overturned

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

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 12, Table 12-8, page 309, EMG testing for a clinically obvious radiculopathy is deemed "not recommended." In this case, the applicant already has an established diagnosis of lumbar radiculopathy status post earlier lumbar fusion surgery. The applicant has significant structural changes noted above and below the fusion. The applicant also has a large residual herniated disc, the attending provider has further posited. It is unclear why EMG testing is being sought if the applicant already has an established diagnosis of lumbar radiculopathy, both clinically evident and radiographically confirmed. Therefore, the request is not medically necessary.

(1) NCV of the upper extremities: Overturned

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

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

Decision rationale: The MTUS does not address the topic of nerve conduction study for a primary low back condition. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, nerve conduction studies are recommended when there is a peripheral neuropathy of uncertain cause owing to a confounding condition such as diabetes mellitus. In this case, the attending provider has already established the presence of both lumbar radiculopathy and superimposed diabetic neuropathy. It is unclear what purpose repeat nerve conduction testing would achieve as the diagnoses in question, namely lumbar radiculopathy, peripheral neuropathy, and diabetic neuropathy, have already been definitively established. Therefore, the request is not medically necessary.

(1) Spine consultation: Overturned

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): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treatment provider to reconsider the operating diagnosis

and determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal cervical and lumbar spine complaints. Obtaining the added expertise of physicians specializing in spine is therefore indicated. Accordingly, the request is medically necessary.