

Case Number:	CM13-0070438		
Date Assigned:	01/08/2014	Date of Injury:	03/03/2010
Decision Date:	07/18/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 58-year-old female who reported an injury on 03/03/2010. The mechanism of injury reportedly occurred when he lost consciousness while lifting a box. Electrodiagnostic studies completed in 07/2013 indicated bilateral carpal tunnel syndrome, right worse than left, and no indication of cervical radiculopathy, lumbar radiculopathy, or generalized peripheral neuropathy affecting the upper or lower limbs. An MRI of the cervical spine dated 10/14/2013 reported degenerative disc disease and facet arthropathy with straightening of the cervical lordosis, canal stenosis at C3-4, C4-5, C5-6 and C6-7 that was mild to moderate, and mild to moderate neural foraminal narrowing throughout the cervical spine. An MRI of the thoracic spine dated 10/14/2013 reported degenerative disc disease, facet arthropathy, and no definite canal stenosis or neural foraminal narrowing at any level. Per the progress note dated 12/10/2013, the injured worker reported ongoing left shoulder and persistent left knee pain rated at 3/10 to 5/10 with radiating pain down from the knees into the feet. The injured worker's diagnoses included cervical radiculopathy and degenerative disc disease of the cervical and thoracic spines, and chronic pain. Prior treatments for the injured worker included physical therapy, acupuncture, an epidural steroid injection, surgery, medications, and a TENS unit. The Request for Authorization form for bilateral wrist braces, MRI of the cervical and thoracic spine, replacement of a TENS unit, and a medication panel was dated 11/01/2013. The provider's rationale for those requests was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL WRIST BRACES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/Forearm-Wrist_Hand.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, 271-273.

Decision rationale: The request for bilateral wrist braces is not medically necessary. Per the California MTUS/ACOEM Guidelines, splinting is a first-line conservative treatment for carpal tunnel syndrome. When treating carpal tunnel syndrome, scientific evidence supports the efficacy of a neutral wrist splint. Splinting should be used at night and may be used during the day, depending upon activity. Per the documentation provided, the injured worker had electrodiagnostic studies that indicated bilateral carpal tunnel syndrome; however, there is a lack of clinical findings regarding the diagnosis, including Tinel's and Phalen's tests. There is a lack of documentation of reported pain, numbness, or tingling of the wrists to warrant the use of bilateral braces. Therefore, the request for bilateral wrist braces is not medically necessary.

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that the criteria for ordering imaging studies includes the emergence of a red flag; physiological evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging studies if the symptoms persist. The Official Disability Guidelines further state, repeat imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of objective findings identifying specific nerve compromise upon neurological exam to warrant imaging. There is also a lack of documentation regarding a significant change in symptoms or findings suggestive of significant pathology. There is a lack of neurological deficits related to the cervical spine to support the request for an MRI. Therefore, the request for an MRI of the cervical spine is not medically necessary.

MRI THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The request for an MRI of the thoracic spine is not medically necessary. The California MTUS/ACOEM Guidelines state the criteria for ordering imaging studies includes: the emergence of a red flag; evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging studies if the symptoms persist. The Official Disability Guidelines further state, repeat imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation regarding the emergence of a red flag, evidence of neurologic dysfunction, failure to progress in a strengthening program, or the intent to undergo an invasive procedure. In addition, there is no indication of a significant change in symptoms or findings suggestive of significant pathology to warrant repeat imaging. Therefore, the request for an MRI of the thoracic spine is not medically necessary.

REPLACEMENT OF TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The request for replacement of a TENS unit is not medically necessary. Per the California MTUS Guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Specific criteria are required for the use of a TENS unit including: documentation of pain of at least 3 months duration. There also must be evidence that other appropriate pain modalities have been tried and failed. A treatment plan, including the specific short and long-term goals of treatment with a TENS unit should be submitted. There is a lack of clinical documentation regarding the efficacy of other appropriate pain modalities that have been utilized and the outcome of those modalities. There is a lack of documentation regarding a decrease in pain medications or an increase in functionality while utilizing the unit. There is a lack of documentation regarding a treatment plan, including the short and long-term goals of treatment with the TENS unit. There is a lack of documentation regarding the intended site for use of the TENS unit. There is a lack of documentation regarding frequency and duration of use of the unit. Therefore, the request for the replacement TENS unit is not medically necessary. Therefore, the request for the replacement TENS unit is non-certified.

MEDICATION PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a medication panel is not medically necessary. The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the Official Disability Guidelines, patients at low risk of addiction or aberrant behavior should be tested within 6 months of the initiation of therapy and on a yearly basis thereafter. A urine drug screen performed 11/12/2013 was consistent with the injured worker's medications. There is a lack of documentation regarding the rationale for requesting a medication panel. There is a lack of documentation to indicate the injured worker was misusing his medications or that the provider suspected him of misuse. The medical necessity for a medication panel was not established. Therefore, the request for a medication panel is not medically necessary.