

<b>Case Number:</b>	CM13-0072385		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 60-year-old female who reported an injury on 06/30/2013. She reportedly was in a waist bending position when a box weighing approximately 20 pounds fell from a rack overhead and landed on her head and right shoulder area. She did not lose consciousness, however, the impact caused her to lose her balance and then land in a fetal position. Shortly after she noted the onset of pain to her head, right shoulder/arm, right hand and middle back. The clinical note dated 12/23/2013 noted the injured worker presented with complaints of an intermittent headache, continuous neck pain, frequent right shoulder/arm pain, frequent right hand pain and continuous middle back pain. She also had complaints of anxiety, depression, insomnia and nervousness. The physical examination of the cervical spine revealed tenderness and spasm bilaterally over the paraspinal and upper trapezius, tenderness bilaterally over the suboccipital and sternocleidomastoid muscle, midline tenderness at C4-5, C5-6 and C6-7, decreased sensation to the C6, C7 and T1 dermatomes bilaterally, upon palpation there was tenderness and spasm bilaterally over the paraspinal area, and tenderness and spasm over the right upper trapezius and rhomboid. The range of motion values for the shoulder were as follows; 90 degrees of right flexion, 90 degrees of right abduction, 20 degrees of right extension, 10 degrees of right adduction, 50 degrees of internal rotation to the right and 60 degrees of external rotation to the right. The injured worker had a positive Tinel's, positive Phalen's, positive Finkelstein's and positive cubital Tinel's. The injured worker was diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, right shoulder sprain/strain, right elbow sprain/strain and right wrist sprain/strain. The Request for Authorization Form for the bilateral upper EMG and NCV was dated 11/20/2013. The provider's rationale for the request was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TRAMADOL ER 150MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The request for Tramadol ER 150mg #30 is non-certified. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. There were also no specific goals or baseline pain/functional assessments in the documentation. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. Also, the frequency of the medication was not provided in the request submitted. As such, the request is not medically necessary.

### **OMEPRAZOLE 20MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Omeprazole 20mg #30 is non-certified. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The Guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: Age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and/or an anticoagulant or high dose/multiple NSAIDs. The medical documentation did not indicate the injured worker had significant gastrointestinal symptoms. The documentation provided did not indicate the injured worker had a history of peptic ulcer, GI bleed or perforation and did not indicate the injured worker is at risk for gastrointestinal events. As such, the request is not medically necessary.

### **ELECTROMYOGRAPHY BILATERAL UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The request for electromyography bilateral upper extremities is non-certified. CA MTUS/ACOEM state electromyography is recommended in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The physical exam noted tenderness and spasm. The included medical documents lack evidence of muscle weakness, decreased sensation, and other symptoms which would indicate nerve impingement. The providers rational was not provided within the documentation. As such, the request is not medically necessary.

**NERVE CONDUCTION VELOCITIES BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** The request for nerve conduction velocities bilateral upper extremities is non-certified. ACOEM state that nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The provider's rationale for the request was not provided within the documentation. The included medical documents lack evidence of the injured worker's failure of conservative treatment. The physical exam noted tenderness and spasm. The included medical documents lack evidence of muscle weakness, decreased sensation, and other symptoms which would indicate nerve impingement. As such, the request is not medically necessary.

**X-RAY RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

**Decision rationale:** The request for x-ray right elbow is non-certified. CA MTUS/ACOEM state criteria for ordering imaging studies include the imaging study results will substantially change the treatment plan, emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment

if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4-weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. The Guidelines recommend x-rays for elbow pain; however, the included medical document lacks evidence of elbow pain subjectively from the injured worker. There is also a lack of objective evidence upon physical examination of elbow pain, other than tenderness and spasm. The provider's rationale for the request was not provided within the documentation. There was lack of documentation that the injured worker failed conservative care treatments such as physical therapy and medications. As such, the request is not medically necessary.

**X-RAY RIGHT WRIST AND HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The request for x-ray right wrist and hand is non-certified. CA MTUS/ACOEM recommends x-rays for injured workers with known or suspected trauma of the hand, wrist or both. The provided documentation noted tenderness over the right wrist with no subjective complaints of wrist pain. There was a lack of significant objective examination findings to support possible pathology that would warrant an x-ray. The provider's rationale for the request was not provided. There was lack of documentation that the injured worker failed conservative treatment measures such as physical therapy and medications. As such, the request is not medically necessary.

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 7 and Official Disability Guidelines (ODG), Fitness For Day.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, FCE.

**Decision rationale:** The request for functional capacity evaluation is non-certified. ACOEM states that a FCE may be necessary to obtain a more precise delineation of the injured worker's capabilities that is available for routine physical examination, under some circumstances. This can best be done by ordering a functional capacity evaluation of the injured worker. The Official Disability Guidelines recommend a functional capacity evaluation may be used prior to

admission to a work hardening program with preference for assessment tailored to a specific job or task. The functional capacity evaluation is not recommended as routine use, as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job generally. The documentation is unclear as to how the functional capacity evaluation will aid the provider in the injured worker's treatment plan and goals. There is a lack of findings upon physical exam demonstrating significant functional deficit. There is also a lack of documentation of other treatments the injured worker underwent previously and the measurement of progress as well as the efficacy of the prior treatments. There is a lack of documentation that the injured worker has failed an attempt at work to warrant an FCE at this time to determine restrictions. The provider's rationale for the request was not provided within the medical documents. The guideline recommendations were not met for a FCE. Therefore, the request is not medically necessary.