MAXIMUS Federal Services

Case Number:	CM14-0000561		
Date Assigned:	01/10/2014	Date of Injury:	08/09/2012
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/02/2014

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 Texas. 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 35 year old female who sustained an injury on 08/09/12 as a result of cumulative trauma to the neck, left shoulder, and left upper extremity. The injured worker reported developing bilateral hand and wrist pain with associated numbness and tingling due to the normal course of her occupation. The injured worker initially noted the onset of pain in December of 2005; however, the injured worker did not report the injury until August of 2012. The injured worker is noted to have had a previous right carpal tunnel release in May of 2007. The injured worker underwent a right shoulder arthroscopy in October of 2009. In September of 2012, the injured worker noted increasing neck pain. The injured worker was also seen by a psychiatrist for non-industrial stress and anxiety. The injured worker's neck pain was axial in nature with some radiating pain to the occipital region. The injured worker did describe moderate to severe tension headaches on a daily basis. The injured worker also complained of left shoulder pain with an intermittent burning sensation in the left upper extremity. As of 10/01/13, the injured worker was utilizing Ibuprofen on a daily basis. The injured worker also described numbness in the left hand at the thumb, 4th, and 5th fingers with associated weakness. On physical examination, there was loss of left shoulder range of motion on abduction to 70 degrees. No pain on flexion or extension of the shoulder was noted. There was tenderness over the rotator cuff and bicipital groove. There was pain with resistance against the left shoulder. Recommendations were for a left shoulder arthroscopy followed by manipulation under anesthesia. The injured worker was also recommended for MRI studies for the cervical spine to rule out any disc herniations as well as electrodiagnostic studies to rule out radiculopathy. The injured worker was recommended to continue Flector patches and Nizatidine. Follow up on 11/12/13 noted persistent pain in the left hand, left elbow, and left shoulder. Diminished sensation was reported in the left fingers on physical examination. No 2 point discrimination

findings were noted. The injured worker was recommended to continue with medications at this visit and diagnostic studies were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209.

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

Decision rationale: In regards to the requested MRI of the cervical spine, the clinical documentation submitted for review would not have supported this proposed diagnostic test as medically necessary. The injured worker has been followed for persistent left upper extremity pain and the injured worker has been recommended for surgical intervention for the left shoulder. The injured worker did not present with any objective evidence consistent with progressive or severe neurological deficit that would reasonably support MRI studies. No other urgent red flag findings were noted to support imaging studies of the cervical spine as outlined by current evidence based guidelines. Given the lack of any clear objective findings to support progressive or severe neurological deficits in this injured worker, the request is not medically necessary at this point in time.

EMG BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The injured worker presents with continuing complaints of pain in the left upper extremity. There has been a recommendation for left shoulder surgical intervention. On physical examination, there was very limited objective evidence to support the presence of any cervical radicular condition that would require EMG studies for determination regarding the presence of cervical radiculopathy. As such, this request is not medically appropriate.

NCS BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: In regards to the requested nerve conduction studies for the bilateral upper extremities, this study would not be found as medically necessary. The injured worker was recommended for electrodiagnostic studies to rule out radiculopathy. Per guidelines, nerve conduction studies are not reasonably required to confirm the presence of radiculopathy. Otherwise, the injured worker did not present with any clear objective evidence regarding peripheral neuropathy in the upper extremities that would reasonably support this study. Therefore, the request is not medically necessary.

FLECTOR PATCH: Upheld

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 Topical Analgesics, Page(s): 111-113.

Decision rationale: Flector patches are a topical antiinflammatory. There was no indication from the clinical documentation that the injured worker had failed to improve with standard oral medications. The injured worker was able to tolerate oral antiinflammatories without substantial side effects. Given that topical analgesics are largely considered experimental and investigational within the clinical literature due to the lack of efficacy regarding topical analgesics and their ability to address chronic pain, this request is not found as medically necessary.

NIZATIDINE: 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 Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: There was no indication from the clinical documentation provided that the injured worker is having any substantial side effects from oral medication use causing gastrointestinal issues that would have required the use of this medication. No other objective evidence regarding active ulcer formation or other gastrointestinal diagnoses were noted to support this medication. Therefore, this medication is not medically necessary.