

Case Number:	CM14-0003638		
Date Assigned:	01/31/2014	Date of Injury:	03/01/2009
Decision Date:	07/02/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 patient is a 35 year-old male who has filed a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of March 01, 2009. Review of progress notes indicates neck pain radiating to the bilateral upper extremities; bilateral shoulder pain; right elbow pain; bilateral hand and wrist numbness and tingling with repetitive activities, and also at night; and upper, mid, and low back pain. Patient also experiences anxiety and depression symptoms. Findings include decreased cervical range of motion with pain; stiffness and tenderness of the cervical muscles; decreased neck muscle strength; positive shoulder decompression and hypercervical compression tests; bilateral shoulder tenderness with mild swelling, decreased range of motion, decreased motor strength, and positive Yergason's test; and bilateral wrist tenderness with positive Tinel's sign. EMG/NCS from September 24, 2013 showed an abnormal NCS of bilateral moderate compression of the median nerve at the carpal tunnel, and normal EMG. MRI of the cervical spine dated September 25, 2013 showed mild degenerative disc disease of C5-6 with mild impingement upon the exiting left C6 nerve root, and a well-circumscribed bright lesion within the pons. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, and topical creams. Utilization review from December 27, 2013 denied the request for work condition program as the patient is currently working and is four years past the date of injury; cervical spine x-ray and MRI as previous as there was no interval trauma or worsening of the patient's symptoms since the previous cervical MRI; upper extremity electrodiagnostic studies as there were no acute changes since the previous EMG/NCV; and Prilosec as patient does not have gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 WORK CONDITION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: According to pages 125-126 of CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for admission to a work hardening program includes work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued therapy; not a candidate where surgery or other treatments would be warranted; a defined return to work goal agreed by the employer and employee; no more than two years past date of injury; and upon completion of a rehabilitation program, neither re-enrollment nor repetition of similar rehabilitation program is medically warranted for the same condition. In this case, patient is currently still working in the same position, and the date of injury has been longer than two years. Therefore, the request for work condition program was not medically necessary.

1 X-RAY OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Radiography (x-rays).

Decision rationale: As stated on pages 179-180 of the ACOEM Neck and Upper Back Guidelines referenced by CA MTUS, there is support for imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG criteria include cervical spine trauma with unconsciousness, impaired sensorium, tenderness, or multiple traumas; chronic neck pain as a first study after 3 months conservative treatment, or history of remote trauma; chronic neck pain as a first study in a patient with previous malignancy or neck surgery; and post-surgical evaluation of fusion. Patient had a cervical MRI in September 2013, which showed mild impingement upon the exiting C6 nerve root. Since then, there has not been worsening of symptoms referable to the cervical spine to support additional imaging at this time. Therefore, the request for x-ray of cervical spine was not medically necessary.

1 EMG OF BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: CA MTUS ACOEM criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Patient had an EMG/NCS of bilateral upper extremities in September 2013 that showed abnormal NCS with moderate compression of the median nerve at the carpal tunnel. There has not been significant worsening of upper extremity symptoms since to warrant another EMG/NCS at this time. Therefore, the request for EMG of bilateral upper extremities was not medically necessary.

1 NCV OF BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: CA MTUS ACOEM criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Patient had an EMG/NCS of bilateral upper extremities in September 2013 that showed abnormal NCS with moderate compression of the median nerve at the carpal tunnel. There has not been significant worsening of upper extremity symptoms since to warrant another EMG/NCS at this time. Therefore, the request for NCV of bilateral upper extremities was not medically necessary.

1 MRI OF CERVICAL SPINE: 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Indications for MRI according to ODG include chronic neck pain with normal radiographs and presence of neurologic signs/symptoms; neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain with radiographs showing spondylosis or old trauma and presence of neurologic signs/symptoms; chronic neck pain with radiographs showing bone or disc margin destruction; suspected cervical spine trauma with normal radiographs and clinical findings suggestive of ligamentous injury; known cervical

trauma with equivocal or positive plain films and neurologic deficit; and upper back/thoracic trauma with neurologic deficit. Patient had a cervical MRI in September 2013, which showed mild impingement upon the exiting C6 nerve root. Since then, there has not been worsening of symptoms referable to the cervical spine to support additional imaging at this time. Therefore, the request for MRI of cervical spine was not medically necessary.

UNKNOWN PRESCRIPTION FOR PRILOSEC: 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 Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, patient does not meet the above mentioned criteria for use of this medication. There is no indication that patient is on NSAIDs, or of any gastrointestinal symptoms in this patient. The requested dosage and quantity is not specified. Therefore, the request for Prilosec was not medically necessary.