

Case Number:	CM14-0014710		
Date Assigned:	02/28/2014	Date of Injury:	12/22/2012
Decision Date:	07/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 47-year-old female with date of injury on 12/22/2012. Per treating physician's report on 12/30/2013, the patient presents with frequent slight headaches associated with the vision problems, neck pain that radiates into the shoulders, scapula, between the shoulder blades, arm, elbows, forearms, wrists, hands, index/middle/ring/small finger, mid back pain, constant moderate low back pain that radiates into the buttocks, calves, feet, big toes, shoulder pain. The patient has intermittent abdominal pain. The patient has feelings of depression, anxious, hopeless, crying by herself, or feeling like it, poor appetite. Listed diagnoses were: 1. Head pain. 2. Cervical musculoligamentous strain/sprain, rule out disk protrusion. 3. Thoracic musculoligamentous strain/sprain. 4. Lumbosacral musculoligamentous strain/sprain with radiculitis. 5. Right shoulder strain/sprain and impingement syndrome, rule out rotator cuff tear. 6. Left shoulder impingement. 7. Bilateral elbow epicondylitis. 8. Bilateral wrists chronic overuse syndrome. 9. Bilateral knee tendinitis. 10. Bilateral ankle/foot fasciitis. 11. Depression, anxiety, sleep disturbance, and abdominal pain. This patient is a 47-year-old female with date of injury on 12/22/2012. Per treating physician's report on 12/30/2013, the patient presents with frequent slight headaches associated with the vision problems, neck pain that radiates into the shoulders, scapula, between the shoulder blades, arm, elbows, forearms, wrists, hands, index/middle/ring/small finger, mid back pain, constant moderate low back pain that radiates into the buttocks, calves, feet, big toes, shoulder pain. The patient has intermittent abdominal pain. The patient has feelings of depression, anxious, hopeless, crying by herself, or feeling like it, poor appetite. Listed diagnoses were head pain, cervical musculoligamentous strain/sprain, rule out disk protrusion, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculitis, right shoulder strain/sprain and impingement syndrome, rule out

rotator cuff tear, left shoulder impingement, bilateral elbow epicondylitis, bilateral wrists chronic overuse syndrome, bilateral knee tendinitis, bilateral ankle/foot fasciitis, depression, anxiety, sleep disturbance, and abdominal pain. The 01/20/2013 report is MRI of the C-spine showing disk bulge at C5-C6, 2.1 mm; 1.6-mm disk bulge at C6-C7. A 01/28/2013 report is MRI of the lumbar spine, disk desiccations from L4 to L6, 1.3- to 2.5-disk bulges at L4-L5, L5-S1. The 01/26/2013 MRI of the thoracic spine, disk desiccation at T6-T7 only. A 01/29/2013 MRI of the left wrist showed avascular necrosis along the ulnar articular surface of the lunate measuring 5.3 mm. A 01/30/2013 report of MRI of right shoulder showed AC joint osteoarthritis, mild tendinosis at the supraspinatus and infraspinatus. The 10/31/2013 report is AME evaluation. It states that patient was treated with medication and physical therapy as well as a course of acupuncture and last seen for treatment around 04/26/2013. The patient's condition has not reached maximum medical improvement and a recommendation was prescription medications for pain, spasm, inflammation as well as option for topical analgesics and possible pain patches. The patient should continue an active course of physical therapy; trial of aquatic therapy; continue acupuncture for myofascial complaints; referral to pain management specialist for trigger-point injections and other injections such as epidural, facet blocks; home electrical stimulation unit; an exercise kit; psychological evaluation. The 01/20/2013 report is MRI of the C-spine showing disk bulge at C5-C6, 2.1 mm; 1.6-mm disk bulge at C6-C7. A 01/28/2013 report is MRI of the lumbar spine, disk desiccations from L4 to L6, 1.3- to 2.5-disk bulges at L4-L5, L5-S1. The 01/26/2013 MRI of the thoracic spine, disk desiccation at T6-T7 only. A 01/29/2013 MRI of the left wrist showed avascular necrosis along the ulnar articular surface of the lunate measuring 5.3 mm. A 01/30/2013 report of MRI of right shoulder showed AC joint osteoarthritis, mild tendinosis at the supraspinatus and infraspinatus. The 10/31/2013 report is AME evaluation. It states that patient was treated with medication and physical therapy as well as a course of acupuncture and last seen for treatment around 04/26/2013. Patient's condition has not reached maximum medical improvement and a recommendation was prescription medications for pain, spasm, inflammation as well as option for topical analgesics and possible pain patches. Patient should continue an active course of physical therapy; trial of aquatic therapy; continue acupuncture for myofascial complaints; referral to pain management specialist for trigger-point injections and other injections such as epidural, facet blocks; home electrical stimulation unit; an exercise kit; psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

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

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

Decision rationale: This patient presents with widespread pain involving the neck and upper extremities. The request is for MRI of the C-spine. However, the treating physician's recommendation is not aware that the patient had MRI done in the past from 01/28/2013

showing bulging disks. ACOEM Guidelines support MRI of C-spine for red flag situations, physiological evidence of tissue insult or nerve damage. Given the patient's radiating symptoms into the upper extremities, MRI is appropriate, but the patient already had an MRI from 01/28/2013. There is no need for repeat MRI. Therefore the request is not medically necessary.

MRI OF THE LUMBAR SPINE: 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): 303-305.

Decision rationale: This patient presents with a widespread pain and the request is for MRI of the lumbar spine. The patient already had an MRI of the lumbar spine on 01/28/2013 as described above. There is no reason to repeat the MRI. The treating physician was not aware that the MRI was already obtained and reports should be provided to the treating physician. Given the patient's radiating symptoms down to both lower extremities, MRI studies are reasonable, but this patient already had an MRI. Therefore the request is not medically necessary.

EMG OF UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient presents with persistent pain in the upper extremities, wrists, hands. The request is for electrodiagnostic studies of the upper extremities. ACOEM Guidelines support electrodiagnostic studies of upper extremities to differentiate radiculopathy versus carpal tunnel syndrome and other conditions. Review of the reports shows that this patient has not had electrodiagnostic studies of upper extremities. Given the patient's persistent symptoms, electrodiagnostic study is reasonable. Therefore the request is medically necessary.

EMG OF LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with persistent low back pain and the request is for EMG studies of the lower extremities. ACOEM Guidelines page 303 support EMG and H-reflex

studies for evaluation of low back pain to determine subtle focal neurologic deficits. Given this patient's persistent low back pain and radicular symptoms, EMG is appropriate. Therefore the request is medically necessary.

RIGHT FIRST METACARPOPHALANGEAL JOINT INJECTION: 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): 265.

Decision rationale: This patient presents with persistent right wrist pain. Pain appears to be quite significant around the thumb and the wrist. The treating physician has asked for 1st metacarpophalangeal joint injection. Both ACOEM Guidelines and ODG Guidelines do support local joint and tendon injections for symptomatic relief. Review of the report do not show that this patient has tried this injection in the past. Given the patient's persistent symptoms that have failed to improve with conservative care, a trial of localized injection appears medically reasonable. Therefore the request is medically necessary.

EXTRACORPOREAL SHOCK WAVE THERAPY (ECSTW) FOR BILATERAL TRAPEZIUS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, shoulder chapter for ESWT.

Decision rationale: This patient presents with widespread continued pain involving neck, upper extremity, shoulders. The request is for extracorporeal shockwave therapy to bilateral trapezius. ODG Guidelines provide specific discussion regarding use of this treatment modality and it is only recommended for plantar fasciitis, calcific tendonitis of the shoulder, but not for myofascial pain or spinal pain. Therefore the request is not medically necessary.

RIGHT THUMB SPICA BRACE: 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): 264.

Decision rationale: This patient presents with persistent thumb, wrist pain. Request is for thumb spica brace. ACOEM and ODG Guidelines do support wrist brace, particularly at

nighttime to treat carpal tunnel syndrome, and it is also recommended for diagnosis such as De Quervain's and arthritic conditions of the thumb. Review of the reports do not show that this patient was treated with thumb and wrist brace. The request is medically reasonable and consistent with the guidelines. Therefore the request is medically necessary.

IF (INTERFERENTIAL) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: This patient presents with widespread pain and the request is for interferential unit. California MTUS Guidelines page 118 through 120 provide specific discussion regarding interferential current stimulation and states it is not recommended as an isolated intervention. Criteria for its use: lists pain that is ineffectively controlled due to diminished effect of medications or side effects from medication or history of substance abuse or significant pain from postoperative condition or unresponsive to conservative treatments. In these situations, a 1-month trial may be appropriate. In this case, the request is for interferential unit for home use. The patient does not meet any of the criteria listed on MTUS Guidelines. Therefore the request is not medically necessary.

NCS (NERVE CONDUCTION STUDIES) OF THE UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient presents with persistent pain in the upper extremities, wrists, hands. The request is for nerve conduction studies of the upper extremities. ACOEM Guidelines support nerve conduction studies of upper extremities to differentiate radiculopathy versus carpal tunnel syndrome and other conditions. Review of the reports shows that this patient has not had nerve conduction studies of upper extremities. Given the patient's persistent symptoms, nerve conduction studies is reasonable. Therefore the request is medically necessary.

NCS (NERVE CONDUCTION STUDIES) OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, low back chapter online.

Decision rationale: This patient presents with persistent low back pain with radiation down the lower extremities. The request is for nerve conduction studies. While ACOEM Guidelines do not specifically discuss nerve conduction studies, ODG Guidelines state that it is not necessary if the pain down the lower extremities is presumed to be coming from the lumbar spine. In this case, there does not appear to be any concerns of peripheral neuropathies, other focal neuropathies, or plexopathies. Patient's leg symptoms are presumed to be coming from lumbar spine. In this situation, nerve conduction studies are not recommended, although EMG studies are appropriate. Therefore the request is not medically necessary.