MAXIMUS Federal Services

Case Number:	CM14-0119416		
Date Assigned:	08/06/2014	Date of Injury:	09/08/2008
Decision Date:	09/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This patient is a 48 y/o male who sustained several injuries while subduing an altercation on 9/08/2008. He has developed chronic facial subsequent to trauma and a mandibular fracture. He has also developed chronic cervical and lumbar pain. He has been diagnosed with mild left carpal tunnel syndrome due to positive electro diagnostic testing 5 years ago. Cervical and lumbar MRI testing did not reveal surgical lesions due to stenosis. He is treated with multiple oral analgesics which include Percocet, Ibuprofen, Tylenol, Xanax, and Ambien. The new treating physician has requested lab tests due to the long term medication use. An updated electro diagnostic test is requested due to the continued numbness in the left hand. There is no discussion of the need for another orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Test BUN/ Creatine and Hepatic Function Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs Page(s): 70-73.

Decision rationale: MTUS Guidelines supports the appropriate periodic use of screening labs to make sure medications are not causing end organ damage. An exact time table is not recommended in the Guidelines. There is no documentation regarding prior screening dates and it is documented that the patient may be over utilizing Tylenol. The request for the screening labs by the new treating physician is consistent with Guideline recommendations. The request for BUN/Creatine and Hepatic function is medically reasonable.

Specialist Referral to Orthopedic Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 2, General Approach to Initial Assessment and Documentation, Chapter 2, page(s) 24, 24: Chapter 5, Cornerstones of Disability Prevention and Management, page(s) 80.

Decision rationale: MTUS Guidelines supports the appropriate referral to a specialist if there are specific issues that need to be addressed by a specialist. However, the requesting physician does not document the current need for an orthopedic re-evaluation. Symptoms are relatively stable and the patient has been managed for chronic pain for many years. Without specific documentation supporting this request, the request does not meet Guidelines standards for necessity. At this point in time, the request for orthopedic consultation is not demonstrated to be medically necessary.

EMG of the Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

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

Decision rationale: ACOEM supports the appropriate use of both NCV and EMG studies to determine the diagnosis and severity of carpal tunnel syndrome. This patient has had a diagnosis of carpal tunnel syndrome for greater than 5 years and continues to have persistent numbness in the median nerve distribution. Retesting is consistent with Guidelines due to the lack of improvement for the past 5 years. Prior to continuing long term conservative care vs. the need for possible surgical intervention, it is reasonable to retest to rule out worsening sensory nerve velocity or early motor involvement. The request for left upper extremity electro diagnostics is medically necessary.

NCS of the Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

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

Decision rationale: ACOEM supports the appropriate use of both NCV and EMG studies to determine the diagnosis and severity of carpal tunnel syndrome. This patient has had a diagnosis of carpal tunnel syndrome for greater than 5 years and continues to have persistent numbness in the median nerve distribution. Retesting is consistent with Guidelines due to the lack of improvement. Prior to continuing long term conservative care vs. the need for possible surgical intervention, it is reasonable to retest to rule out worsening sensory nerve velocity or early motor involvement. The request for left upper extremity electro diagnostics is medically necessary.