

Case Number:	CM14-0133019		
Date Assigned:	08/22/2014	Date of Injury:	07/30/2012
Decision Date:	09/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on July 30, 2012 as a result of an assault while she was working as a cashier. According to the medical record, a male customer came from behind her and pushed her to take money from the register. He hit her on her stomach, grabbed her left wrist and twisted her hand to the side. She has had ongoing lower back pain, headaches and left wrist pain. Her diagnoses include contusion of the lower limb, post- concussion syndrome, and contusion of the upper arm. She is reported to have left shoulder weakness, decreased range of motion and pain, positive Hawkins suggesting injury to left RC complex; left wrist tenderness and pain; spasm of the lumbar spine with decreased range of motion as well as neurological weakness of the left L5 dermatome and has positive neural tension signs of bilateral lower extremities. At her July 28, 2014 visit the following was recommended: Neurology AME for her headaches and closed head injury, MRI of the left wrist to assess for internal derangement, EMG/NCV of the bilateral lower extremity and MRI of the lumbar spine, trial of TENS unit, ongoing use of NSAIDs, pain medications and consideration for muscle relaxants and neuropathic pain medications, and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Forearm, Wrist and Hand; Topic: MRI.

Decision rationale: The official disabilities guidelines provides the following indications for magnetic resonance imaging of the wrist: Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure for immediate confirmation exclusion of fractures required; acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure for immediate confirmation exclusion of fractures required; acute hand or wrist trauma, suspect game keeper injury; chronic wrist pain, plain films normal, suspect soft tissue tumor; chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. This worker does not meet any of these criteria for an indication for MRI of the wrist.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the Occupational Medicine Practice Guidelines EMG is not recommended for clinically obvious radiculopathy. In this case it was reported that the worker had neurological weakness of the left L5 dermatome and positive neural tension signs of bilateral lower extremities. Furthermore an MRI of the lumbar spine was planned and it would be appropriate to have those results before determining the need for an EMG.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Nerve Conduction Study.

Decision rationale: According to the Official Disabilities Guidelines nerve conduction studies are not recommended for low back pain. The guidelines state "there is minimal justification to perform nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." In this case it was reported that the worker had neurological weakness of the left

L5 dermatome and positive neural tension signs of bilateral lower extremities. Furthermore an MRI of the lumbar spine was planned and it would be appropriate to have those results before determining the need for an NCV study.

A trial of a TENS unit for the lumbar spine and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: TENS is not recommended for managing forearm, wrist, and hand complaints. In the treatment of chronic pain TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the following conditions: Neuropathic pain including diabetic neuropathy and post herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis patients with pain and muscle spasm. This worker does not have a condition for which TENS is indicated and there is no evidence in the record that she is participating in an evidence-based functional restoration program.

A one time evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: A functional restoration program may be considered medically necessary when all of the following criteria are met: 1) an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same tests can note functional improvement; 2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; 3) the patient has a significant loss of ability to function independently resulting from the chronic pain; 4) the patient is not a candidate where surgery or other treatments would clearly be warranted; 5) the patient exhibits motivation to change, and is willing to forego secondary gains, including disability payments to affect this change; 6) negative predictors of success above been addressed. The record does not indicate that this worker has lost the ability to function independently as a result of chronic pain. Furthermore, it does not appear that other options such as surgery or treatments such as injections have been ruled out. An MRI of the lumbar spine has been ordered to further delineate the cause of symptoms. This may lead to the indication for other interventions. Medical necessity for a functional restoration program cannot be determined without additional documentation in the record that supports the above criteria.