

<b>Case Number:</b>	CM14-0139672		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of December 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; wrist brace; and extensive periods of time off of work. In a Utilization Review Report dated August 1, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, denied a TENS unit, denied acupuncture, denied six sessions of physical therapy, denied one session of cognitive behavioral therapy, denied a wrist brace, denied a hand surgery consultation and pain management consultation, and denied laboratory testing. The claims administrator invoked the mislabeled "page 474" of the MTUS Chronic Pain Medical Treatment Guidelines to deny physical therapy and invoked the now-outdated 2007 Medical Treatment Guidelines to deny acupuncture. The claims administrator did not state whether the applicant had or had not had prior acupuncture. The claims administrator did state that the applicant had extensive prior physical therapy. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the pain management and hand surgery consultations. The claims administrator did not invoke any guidelines to deny the wrist brace, simply stating that the applicant had no evidence of instability which would support the same. The applicant's attorney subsequently appealed. In an August 24, 2014 progress note, the applicant presented with a variety of complaints, including chronic neck pain, left wrist TFCC tear, right elbow tendonitis, and viral conjunctivitis x2 weeks. The applicant reported pruritus associated with application of Butrans patches. The applicant had intermittent paresthesias about the left third through fifth digit. The applicant was dropping items with the right hand, it was further noted. Multiple complaints of 3-7/10 wrist, elbow, and neck pain were reported. The applicant was using

Butrans, Norco, Colace, and Motrin. It was acknowledged that the applicant was not doing his home exercises. The attending provider noted that electrodiagnostic testing, TENS unit, acupuncture, cognitive behavioral therapy, a wrist brace, hand surgery consultation, labs, and physical therapy testing had all been denied. The applicant exhibited positive Tinel sign at the left wrist and left elbow with weakness appreciated about the left upper extremity. The attending provider kept the applicant off of work, on total temporary disability. The attending provider stated that the applicant was pursuing an appeal for previously denied electrodiagnostic testing, a TENS unit, acupuncture, cognitive behavioral therapy, wrist braces, a pain management consultation, hand surgery consultation, labs, and/or physical therapy. Butrans and Norco were apparently renewed. The applicant was kept off of work, on total temporary disability. In a handwritten prescription dated June 30, 2014, the attending provider stated that he was seeking a one-time evaluation by a qualified psychologist to determine the applicant's ability to benefit from cognitive behavioral techniques for chronic pain. Physical therapy was concurrently endorsed on that date. In a report of the same date, June 30, 2014, the attending provider stated that he was searching for cervical radiculopathy versus superimposed issues with cubital tunnel syndrome and/or carpal tunnel syndrome. The attending provider alluded to an earlier cervical MRI of October 4, 2013 notable for multilevel degenerative changes and disk protrusions of uncertain clinical significance. The attending provider stated that he did not have any historical EMG test on file to review. The attending provider stated that he was performing baseline urine testing and blood testing to establish baselines for future comparison. The attending provider also stated that he was performing blood work to assess for thyroid malfunction and/or underlying metabolic, autoimmune, rheumatologic, or inflammatory conditions which were delaying recovery. In the history section of the note, the attending provider noted that the applicant denied any history of diabetes or cardiac or cardiovascular problems. On March 10, 2014, the applicant's pain management physician/physiatrist noted that the applicant should continue Norco and Butrans. Relafen was also dispensed. The attending provider noted that the applicant was set to start acupuncture as of that point in time and was also in the process of pursuing cervical facet injections. On April 14, 2014, the attending provider noted that the applicant had completed unspecified amounts of acupuncture. Norco and Butrans were refilled. The applicant was placed off of work, on total temporary disability, owing to heightened pain complaints.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS of the bilateral upper extremities:** 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): 261.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome, and other considerations, such as cervical radiculopathy. The applicant does have a

variety of issues and complaints about the upper extremities, including neck pain, upper extremity paresthesias, elbow pain, etc. The attending provider stated that cervical radiculopathy, cubital tunnel syndrome, and/or carpal tunnel syndrome are all possible considerations. Obtaining electrodiagnostic testing to help distinguish between the multiple diagnostic possibilities and considerations here is indicated. Therefore, the request is medically necessary.

**TENS unit for 1 month trial for chronic pain: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Tens Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is tepidly endorsed in applicants with chronic intractable pain of greater than three months' duration which has proven recalcitrant to other appropriate pain modalities, including pain medications. Here, the applicant has chronic, multifocal, longstanding pain complaints, which have, in fact, proven recalcitrant to time, medications, physical therapy, opioid therapy, etc. Obtaining a one-month trial of a TENS unit is indicated. Therefore, the request is medically necessary.

**Acupuncture, 4 sessions, for the neck, bilateral wrist, right arm and back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request in question does represent a repeat or renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no such evidence of functional improvement as defined in section 9792.20f. The applicant is off of work, on total temporary disability. The applicant remains dependent on Norco, Butrans, Relafen, and several other pain medications, all of which taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional acupuncture is not medically necessary.

**Six sessions of physical therapy for the neck, bilateral wrist, right arm and back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and Physical Medicine Page(s): 8, 99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had extensive prior physical therapy over the course of the claim. The applicant remains dependent on opioid agents such as Norco and Butrans. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy treatment. Therefore, the request for additional physical therapy is not medically necessary.

**DME: bilateral wrist 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): 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line treatment for carpal tunnel syndrome, as is apparently suspected here. The applicant has symptoms of upper extremity paresthesias and grip strength weakness which are, in fact, evocative of carpal tunnel syndrome. Splinting the wrists, particularly at nighttime, is indicated and appropriate, as suggested by ACOEM. Therefore, the request is medically necessary.

**Consult with pain management specialist for chronic pain syndrome:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction section Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant is off of work, on total temporary disability. The applicant's multifocal pain complaints have proven recalcitrant to conservative management. Obtaining the added expertise of a physician specializing in chronic

pain, such as a pain management consultant is therefore indicated. Accordingly, the request is medically necessary.

**Labs: CBC/Chem, Rheumatoid factor, CRP, ANA, TSH and urine toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, UDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** The testing in question includes multiple tests for autoimmune disease, including the CBC, rheumatoid factor, CRP, and ANA. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, such autoimmune testing should be used to "confirm clinical impressions," rather than purely a screening test in a "shotgun" attempt to clarify reasons for unexplained pain complaints. Here, the attending provider ordered multiple different rheumatologic markers. The attending provider did not clearly state that he suspected any rheumatologic disease process present here. The attending provider did not state why he felt the applicant had some focal rheumatologic process present. There was no mention, for instance, of localized or generalized joint swelling present here. There was no mention of any joint deformities or joint deformations evident on the June 30, 2013 office visit, referenced above. It appeared, thus, that the rheumatologic tests were, in fact, being performed in a "shotgun" manner. Such shotgun testing, however, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.