MAXIMUS Federal Services

Case Number:	CM14-0162641		
Date Assigned:	11/03/2014	Date of Injury:	08/01/2009
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 neck, shoulder, and wrist pain with derivative complaints of sleep disturbance, anxiety, and psychological stress reportedly associated with an industrial injury of August 1, 2009. 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; topical compounds; a TENS unit; unspecified amounts of manipulative therapy; unspecified amounts of psychotherapy; and earlier shoulder surgery. In a Utilization Review Report dated September 29, 2014, the claims administrator approved a psychological consultation, denied electrodiagnostic testing of the upper and lower extremities, approved TENS unit pads, approved Norco, approved Cymbalta, denied Flexeril, approved Ultracet, approved Nalfon, and approved Protonix. The claims administrator suggested that the applicant had undergone earlier rotator cuff repair surgery on August 20, 2013 and further stated that the applicant had alleged multifocal pain complaints secondary to cumulative trauma at work. In an earlier note dated August 15, 2013, the applicant was described one month status post shoulder surgery. The applicant was using Norco for pain relief. The applicant was asked to continue usage of a shoulder sling. Multiple medications were refilled, including Norco, Flexeril, Tramadol, Naprosyn, and Medrox. The applicant's work status was not clearly stated on this occasion. In an August 13, 2014 progress note the applicant reported ongoing complaints of shoulder and neck pain, 8/10. The applicant was reportedly depressed, anxious, and frustrated over reported inability to work. Tenderness and guarding were appreciated about the cervical paraspinal musculature. Hypoesthesias were noted about the right upper extremity with 4/5 right upper extremity strength appreciated. The applicant was asked to continue further physical therapy while remaining off of work, it was suggested. In a June 19, 2014 progress note, the applicant was again asked to pursue additional

physical therapy for her ongoing shoulder pain complaints. On September 8, 2014, the applicant was described as last having worked in June 2010. The applicant was receiving both Worker's Compensation indemnity benefits and [redacted] benefits, it was noted. The applicant had derivative complaints of stress, anxiety, depression, and sexual dysfunction, it was further noted. The applicant reported low back pain, neck pain, and arm pain. It was stated that the applicant was dropping things with her hands. It was stated that the applicant had shooting pains and paresthesias about the arms and legs. The applicant reportedly denied any systemic disease process, hypertension, and/or diabetes. The applicant had areflexia about the arms, it was noted. The applicant had a mildly positive Tinel sign at the left elbow. The applicant exhibited positive Tinel and Phalen's signs about the right wrist with numbness about the right wrist, it was noted. The attending provider stated that the applicant had previous electrodiagnostic testing which did demonstrate mild ulnar neuritis bilaterally and reported mild right-sided carpal tunnel syndrome. The attending provider stated that the applicant's electrodiagnostic testing needed to be repeated. It was not clearly stated for what purpose the test needed to be repeated, however. It was stated that the applicant had gained 50 pounds, which was reportedly attributed to the industrial injury. It was stated that the applicant had had earlier electrodiagnostic testing of lower extremities which was unremarkable but noted that the applicant had MRI-confirmed neuroforaminal narrowing at the L4-L5 level. Norco, Cymbalta, Nalfon, Protonix, Flexeril, and Ultracet were renewed. The applicant was again given work restrictions which were effectively resulting in her removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom initial testing was negative, in this case, however, the applicant's requesting provider has suggested that the applicant did in fact have earlier electrodiagnostic testing which was positive and did establish diagnoses of bilateral upper extremity ulnar neuropathy and right-sided median neuropathy at the wrist. It was not clear why repeat electrodiagnostic testing is being sought in light of the fact that the applicant already has seemingly established diagnoses of bilateral ulnar neuropathy and right-sided median neuropathy. Therefore, the request is not medically necessary.

EMG right upper extremity: Upheld

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

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

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier electrodiagnostic testing was negative, in this case, however, the requesting provider has posited that earlier electrodiagnostic testing was in fact positive and did establish diagnoses of right-sided carpal tunnel syndrome and bilateral cubital tunnel syndrome. It is not clear why repeat testing is being sought if the diagnoses in question, ulnar neuropathy and median neuropathy, have already been definitively established. Therefore, the request is not medically necessary.

NCV left upper extremity: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative, in this case, however, earlier electrodiagnostic testing was, per the treating provider, positive for right-sided carpal tunnel syndrome and bilateral cubital tunnel syndrome. It is not clear why repeat testing is being sought in light of the fact that the applicant already has established diagnoses of carpal tunnel syndrome and cubital tunnel syndrome which do account for ongoing complaints of upper extremity paresthesias. Therefore, the request is not medically necessary.

NCV right upper extremity: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative, in this case, however, earlier electrodiagnostic testing, was, in fact, positive for right-sided carpal tunnel syndrome and bilateral cubital tunnel syndrome, the requesting provider has acknowledged. It is not clear why repeat testing is being sought in light of the applicant's already having an established diagnosis of right-sided carpal tunnel syndrome and bilateral cubital tunnel syndrome. Therefore, the request is not medically necessary.

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. Here, the attending provider has posited that the applicant has a clinically-evident, radiographically-confirmed lumbar radiculopathy with evidence of neuroforaminal narrowing appreciated at the L4-L5 level. This finding does seemingly account for the applicant's ongoing lumbar radicular complaints, effectively obviating the need for the proposed EMG testing. Therefore, the request is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically-obvious radiculopathy. Here, the applicant does appear to have a clinically-evident radiographically-confirmed lumbar radiculopathy with evidence of neuroforaminal narrowing noted at the L4-L5 level. This finding does seemingly account for the applicant's ongoing radicular complaints, effectively obviating the need for the proposed EMG testing. Therefore, the request is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies such as the NCV being sought here are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, the applicant seemingly carries an established diagnosis of lumbar radiculopathy, radiographically confirmed. There was no mention of issues such as peripheral neuropathy, generalized compression neuropathy, tarsal tunnel syndrome,

entrapment neuropathy, diabetic neuropathy, etc., as being present here. In fact, the applicant specifically denied any history of diabetes or other conditions which might lend itself toward development of a generalized lower extremity neuropathy. Therefore, the request is not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies such as the NCV being sought here are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there is no mention of any issues with tarsal tunnel syndrome, entrapment neuropathy, compression neuropathy, diabetic neuropathy, etc., being present here. The applicant has explicitly denied any issues with diabetes on the September 8, 2014 office visit in question. Furthermore, the applicant apparently has an established diagnosis of lumbar radiculopathy, radiographically confirmed, at the L4-L5 level, obviating the need for the nerve conduction testing at issue. Therefore, the request is not medically necessary.

Flexeril 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Norco, Cymbalta, Valium, Ultracet, etc. Adding Flexeril (cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.