

Case Number:	CM14-0020607		
Date Assigned:	04/30/2014	Date of Injury:	10/28/2013
Decision Date:	08/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 patient is a 54-year-old female who has filed a claim for lateral epicondylitis associated with an industrial injury date of October 28, 2013. Review of progress notes indicates minimal improvement of bilateral shoulder and upper extremity pain. The patient reports limited mobility of bilateral arms. The patient also reports neck pain, upper back pain, headaches, increasing blood pressure due to stress and pain, and stomach upset due to medications. Findings include decreased cervical range of motion with tenderness and presence of trigger points; tenderness over the shoulders, elbows and wrists; decreased bilateral shoulder range of motion; slight atrophy of the dorsal first webspaces bilaterally; and positive Tinel's and Phalen's bilaterally. An x-ray of the cervical spine dated January 27, 2014 showed C6-7 degeneration. An x-ray of the shoulders showed post-surgical changes on the right, and normal for the left. An MRI of the cervical spine dated February 08, 2014 showed disc protrusions at C3-4 and C5-6, with mild central canal narrowing at C3-4. Ultrasound of the shoulders dated February 06, 2014 showed right rotator cuff tendinosis and post-surgical changes, and left shoulder partial thickness supraspinatus tear. Ultrasound of bilateral elbows was normal. The patient is working with modified duties. Treatment to date has included physical therapy, NSAIDs, and steroid injection to the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

A home interferential (IF) unit: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, there is no documentation regarding failure of analgesic medications and other conservative management strategies. Therefore, the request is not medically necessary.

An MRI of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The ACOEM Practice Guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, there is no documentation of neurologic deficits referable to the cervical spine, or of an upcoming invasive procedure to support this imaging request. It should be noted that a request for nerve studies of the bilateral upper extremities was authorized. This would help to clarify neurological dysfunction attributable to the cervical spine. Therefore, the request is not medically necessary.

A diagnostic ultrasound study of the shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Ultrasound, diagnostic.

Decision rationale: The California MTUS Guidelines do not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, diagnostic ultrasound of the shoulders is recommended for detection of

partial or full-thickness rotator cuff tears, and biceps pathologies. In this case, patient's symptoms and findings do not support rotator cuff or biceps pathology. Therefore, the request is not medically necessary.

A diagnostic ultrasound study of the elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Ultrasound, diagnostic.

Decision rationale: The California MTUS Guidelines do not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, ultrasound is recommended in patients with chronic elbow pain suspicious of nerve entrapment or mass with non-diagnostic plain films, or chronic elbow pain suspicious of biceps tendon tear and/or bursitis with non-diagnostic plain films. In this case, there are no findings of nerve entrapment. There are also no findings indicating biceps pathology or bursitis, or documentation of plain films. Therefore, the request is not medically necessary.

Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. Guidelines also state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no documentation of failure of non-opioid analgesics, goals of therapy, or baseline functional assessments to support the initiation of opioids in this patient. The requested quantity is not specified. Therefore, the request is not medically necessary.

Internal Medicine Specialist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127, 156.

Decision rationale: According to the ACOEM Practice Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is mention that the patient is having elevations in blood pressure due to pain, and gastric issues due to medication intake. However, previous utilization review dated February 06, 2014 mentions that another physician is managing the patient for hypertension. In addition, there is no documentation of a therapeutic trial of medication for the gastric complaints. Therefore, the request is not medically necessary.