MAXIMUS Federal Services

Case Number:	CM14-0030033		
Date Assigned:	06/20/2014	Date of Injury:	02/27/2012
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Minnesota. 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 injured worker is a 52-year-old who reported an injury on February 27, 2012. The injury reportedly occurred when she was working one on one with a patient who suddenly jumped from his bed and ran out of the room to the patio. She and a coworker caught him in the air which injured her right shoulder. On April 9, 2014, it was noted that the injured worker presented with continued neck and lower back pain radiating into the upper and lower extremities. She also complained of increased right wrist pain with numbness and weakness and pain that radiated all the way up into the right shoulder. Upon examination, there was a positive Phalen's and reverse Phalen's sign noted in the right wrist with decreased grip strength. There was also decreased range of motion of the cervical spine, spasm and tenderness. The diagnoses were cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement and wrist tendinitis/bursitis. Previous treatment include tramadol and topical patches. The clinical note dated June 2, 2014 noted the injured worker felt emotional and easily irritated and has difficulty concentrating and completing a task. Upon exam, the injured worker had a mood that was dysphotic with feelings of apprehension. She had scored in the range of mild to moderate depression and anxiety in the inventories assessing the severity of mood discord (BD1 to 11, BAI). She had a diagnosis of post-traumatic stress disorder partial resolved. The provider recommended an EMG (electromyogram) of the bilateral upper extremities and 4 psychotherapy sessions. The provider's rationale was not provided. The Request for Authorization Form Psychotherapy was dated April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 & 177-179. Decision based on Non-MTUS Citation Carpal tunnel syndrome, Nerve conduction studies (NCS) & Electromyography (EMG).

Decision rationale: According to the California MTUS/ACOEM Guidelines, electrical studies may be indicated in cases of peripheral nerve impingement if there is no improvement after 4 to 6 weeks of conservative treatment. More specifically, the ODG state NCV studies are recommended in patients with clinical signs of CTS who may be candidates for surgery, but EMG is recommended only in cases where diagnosis is difficult with NCV (nerve conduction velocity) studies. For cervical radiculopathy, the guidelines state that electrodiagnostic testing may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The included documentation revealed evidence of possible nerve impingement in the right wrist with a positive Phalen's and reverse Phalen's, as well as decreased grip strength. However, there were no findings suggestive of nerve impingement in the left upper extremity. In addition, the patient was noted to have symptoms of neck pain with radiation to the bilateral upper extremities and was diagnosed with cervical radiculopathy. However, there were no clear physical exam findings suggestive of cervical radiculopathy within the documentation. Therefore, EMG would not be supported. While NCV studies would be supported for the right upper extremity based on physical exam findings, NCV studies of the left upper extremity and EMG studies of the bilateral upper extremities are not supported. The request for EMG/NCS of the bilateral upper extremities is not medically necessary or appropriate.

4 PSYCHOTHERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a psychotherapy referral after a 4 week lack of progress on physical medicine alone. An initial trial of three to four psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvement, a total of up to six to ten visits over five to six weeks would be recommended. The included medical documentation included a statement that said a comprehensive psychological evaluation was concluded and at this point the injured worker was not in need of psychotherapy; however, mental health treatments should be a part of her future medical care. As the comprehensive psychological evaluation concluded that there

was no need for psychotherapy, psychotherapy sessions would not be warranted. The request for four psychotherapy sessions is not medically necessary or appropriate.