

Case Number:	CM14-0030200		
Date Assigned:	06/20/2014	Date of Injury:	03/21/2012
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 and is licensed to practice in Nevada. 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 male who was reportedly injured on March 12, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated May 2, 2014, indicated that there were ongoing complaints of neck pain, low back pain and left shoulder pain. The physical examination demonstrated mild torticollis of the cervical spine with muscle tenderness and spasm. There were decreased cervical spine range of motion and a diminished tricep reflex. There was positive Spurling's maneuver to the left and decreased sensation in the volar aspect of the forearm and palm noted. Examination of the left shoulder noted tenderness at the acromioclavicular joint and decreased left shoulder range of motion. There was a positive impingement test. There were paraspinal muscle tenderness in the lumbar spine and decreased lumbar spine range of motion. There were diagnoses of C6-C7 discopathy, left shoulder impingement and lumbar spine sprain/strain. An MRI of the cervical spine, dated February 25, 2014, noted foraminal narrowing at the C6-C7 level. There was a request for an anterior cervical discectomy and fusion at the C6-C7 level. A request was made for a retrospective urine drug screening, retrospective nerve conduction studies of the left upper extremity, a Pro Stim unit and Exoten-C lotion and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

retroactive urine specimen to monitor medication use (DOS) 1/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Tests.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, urine drug screen should be considered when there is suspect of abuse, lack of pain control or aberrant behavior. None of these concerns were expressed in the most recent visit of the attached medical record. This request for a urine drug screen is not medically necessary.

retrospective electromyography of let upper extremity (DOS) 1/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Nerve conduction studies and electromyography are not necessary if there are corroborating subjective and objective findings of a radiculopathy. The injured employee has radicular complaints of the left upper extremity, and there are physical examination and MRI findings in agreement with these subjective complaints for the C6-C7 level on the left side. Therefore, this request for electromyography of the left upper extremity is not medically necessary.

retrospective nerve conduction studies of the left upper extremity (DOS 1/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Nerve conduction studies and electromyography are not necessary if there are corroborating subjective and objective findings of a radiculopathy. The injured employee has radicular complaints of the left upper extremity, and there are physical examination and MRI findings in agreement with these subjective complaints at the C6-C7 level on the left side. Therefore, this request for electromyography of the left upper extremity is not medically necessary.

Pro - Stim 5.0 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of a neural stimulation unit could be used after a successful one-month trial and only if used as an adjunct to a program of evidence based functional restoration. The medical record does not state that there has been a previous one-month trial of this unit nor of its use in conjunction with additional therapies. For this reason, this request for a Pro Stim unit is not medically necessary.

Exoten-C lotion 0.002/10/20% 113.4 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: Exoten-C lotion is a combination of methyl salicylate, menthol and capsaicin. The official disability guidelines only recommend topical analgesics including NSAIDs, capsaicin and lidocaine. There is no known efficacy to these other included topical agents. This request for Exoten-C lotion is not medically necessary.