

Case Number:	CM14-0030407		
Date Assigned:	06/20/2014	Date of Injury:	01/01/2013
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
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 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 pain and/or neuritis reportedly associated with an industrial injury of January 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; a largely negative wrist MRI of October 17, 2013; and reported return to regular work. In Utilization Review Report dated February 12, 2014, the claims administrator denied request for cervical MRI, electrodiagnostic testing of the upper extremities, and an H-Wave unit 30-day trial rental. Non-MTUS ODG Guidelines were cited in the decision to deny the diagnostic testing despite the fact that the MTUS, through ACOEM addresses the topic. The claims administrator likewise denied the H-Wave unit on the grounds that it did not expect the device to generate any lasting benefit or improvement. The applicant's attorney subsequently appealed. In a progress note dated December 12, 2013, the applicant was described as having persistent wrist pain. The applicant's work station had reportedly been adjusted. The applicant had a mildly positive Tinel sign at the wrist with associated sensory deficits about the thumb and index fingers. The applicant was given diagnosis of sprain of distal radial ulnar joint, mild compressive neuropathy of median nerve, and chronic tenosynovitis. The applicant's work status was not stated on this occasion. On this occasion, it was stated that the applicant had a mononeuritis complex of the right hand and neck pain with associated radiculopathy. In an earlier handwritten note of December 12, 2013, the applicant was apparently returned to regular duty work. The applicant was described on this occasion as reporting diminished symptoms of numbness and tingling. Grip strength about the right hand was slightly diminished as compared to the left. The applicant was returned to regular work. On November 21, 2013, the applicant was again described as having persistent wrist pain complaints with associated occasional numbness

and tingling about the radial three digits of the right hand. The applicant was diagnosis of wrist triangular fibrocartilage tear and carpal tunnel syndrome of right wrist. It was stated that the applicant should pursue a right wrist carpal tunnel release surgery. The H-Wave device was apparently sought through forms submitted by the device vendor on February 27, 2014. The applicant's herself wrote on a questionnaire dated March 10, 2014 that she believes the H-Wave device has reduced her pain levels without any associated side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182 TABLE 8-8.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does have neck pain with radiation to the right arm. There is some suspicion of a cervical radiculopathy superimposed on carpal tunnel syndrome. MRI imaging of cervical spine to clearly delineate the presence or absence of a bona fide cervical radiculopathy is indicated. Therefore, the request is medically necessary.

Electromyography (EMG) (upper extremities): 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): Minimum Standards for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-7, 261-272.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, do support appropriate electrodiagnostic studies, including the EMG testing being sought here, to help distinguish between suspected carpal tunnel syndrome and other conditions, such as cervical radiculopathy, in this case, however, the applicant's symptoms are entirely confined to the right upper extremity. There is no mention of the applicant having any active symptoms of neuropathy, neuritis, or radiculopathy associated with the asymptomatic left upper extremity on any recent progress note provided. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is not recommended. In this case, the applicant does not have any symptoms associated with the left upper extremity. Since partial certifications are not

permissible through the independent medical review process, the request is deemed wholly not medically necessary, although, as previously noted, the documentation on file would have supported EMG testing of the symptomatic right upper extremity alone. Again, however, since partial certifications are not permissible here, the request is deemed not medically necessary.

Nerve Conduction Studies (NCS) (upper extremities): 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): Minimum Standards for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-272.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, do support appropriate electrodiagnostic studies, including nerve conduction studies, to help distinguish carpal tunnel syndrome and other diagnoses, such as cervical radiculopathy, ACOEM qualifies this recommendation in Chapter 11, Table 11-7, page 272 by noting that routine usage of NCV testing in applicants without symptoms is "not recommended." In this case, the applicant is apparently asymptomatic insofar as the left upper extremity is concerned. The applicant's symptoms are confined to the right upper extremity. The documentation on file, thus, would have supported nerve conduction testing of the symptomatic right upper extremity. Since partial certifications are not permissible through the independent review process, however, the request is deemed not medically necessary as ACOEM Chapter 11, Table 11-7, page 272 does not support nerve conduction testing of the asymptomatic left upper extremity here. Accordingly, the request is not medically necessary.

30-day trial of H-wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 117, H-Wave Stimulation topic. Page(s): 117.

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave stimulation trials can be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of functional restoration following failure of initially recommended conservative care, including physical therapy, home exercise, medications, and a conventional TENS unit. In this case, however, there is no evidence that the applicant has in fact failed medications and/or physical therapy. The applicant has apparently returned to regular work. There is, furthermore, no concrete evidence submitted by the attending provider to the fact that the applicant had previously failed a TENS unit. Usage of a TENS unit was not discussed or raised on any recent progress note provided. Therefore, the request is not medically necessary.