

Case Number:	CM14-0032076		
Date Assigned:	06/20/2014	Date of Injury:	02/20/1990
Decision Date:	11/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/13/2014

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 Family Medicine and is licensed to practice in Utah. 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. The patient's date of injury is 2/20/1990. The medical records were reviewed. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with bilateral carpal tunnel release, neck pain, knee arthralgia, wrist arthralgias, multilevel herniated nucleus pulposus, and back pain. The patient's treatments have included nerve studies, chiropractic, acupuncture, imaging studies, and medications. The physical exam findings dated 6/10/2014 show the neck exam with no neck stiffness. There is tenderness in the neck muscles and trapezius. The tone is normal. The shoulder exam showed deep tendon reflex intact, range of motion normal, with some tenderness to palpation in the trapezius. The elbow exam has no tenderness over the olecranon or radial head. There is some tenderness over the lateral epicondyles bilaterally. The patient's medications have included, but are not limited to, Namenda, Norco, Baclofen, Ibuprofen and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block bilaterally at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, facet joint diagnostic block (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Facet Joint Diagnostic Blocks

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a medial branch block bilaterally. Guidelines state the following: Medical branch blocks are indicated for patients with low back pain that is non-radicular. The patient does not meet criteria at this time. According to the clinical documentation provided and current guidelines; a medial branch block bilaterally is not indicated as a medical necessity to the patient at this time.

Electromyogram (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (Electromyography) and Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The current request is for EMG of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. A previous EMG was performed on 2/5/14, which shows carpal tunnel syndrome, bilateral S1 radiculopathy with no nerve entrapment in the lower legs. According to the current guidelines an EMG for clinically obvious radiculopathy is not recommended. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. According to the clinical documentation provided and current guidelines; an EMG of the lower extremities is not indicated as a medical necessity to the patient at this time.

Nerve Conduction Study (NCS) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (Electromyography) and Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The current request is for NCS of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. A previous EMG was performed on 2/5/14, which shows carpal tunnel syndrome, bilateral S1 radiculopathy with no nerve entrapment in the lower legs. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. According to the clinical documentation provided and current guidelines; an NCS of the lower extremities is not indicated as a medical necessity to the patient at this time.

Electromyogram (EMG) of the 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 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The current request is for EMG of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. A previous EMG was performed on 2/5/14, which shows carpal tunnel syndrome, bilateral S1 radiculopathy with no nerve entrapment in the lower legs. According to the current guidelines an EMG for clinically obvious radiculopathy is not recommended. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. According to the clinical documentation provided and current guidelines; an EMG of the upper extremities is not indicated as a medical necessity to the patient at this time.

Nerve Conduction Study (NCS) of the 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): 269-273.

Decision rationale: The current request is for NCS of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. A previous EMG was performed on 2/5/14, which shows carpal tunnel syndrome, bilateral S1 radiculopathy with no nerve entrapment in the lower legs. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. According to the clinical documentation provided and current guidelines; an NCS of the upper extremities is not indicated as a medical necessity to the patient at this time.

30-day trial of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies

are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The patient was previously approved for a 30 day trial; there is no documentation of the results of this. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not indicated as a medical necessity to the patient at this time.

Neurology Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referral, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referral, Chapter 7

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for neurology consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents state that the patient has neurological defects, which would warrant a referral to neurology. According to the clinical documentation provided and current MTUS guidelines; neurology consultation is indicated as a medical necessity to the patient at this time.

Internal Medicine Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referral, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referral, Chapter 7

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for neurology consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents state that the patient has neurological defects, which would warrant a referral to neurology. According to the clinical documentation provided and current MTUS guidelines; neurology consultation is indicated as a medical necessity to the patient at this time.

