

Case Number:	CM14-0032246		
Date Assigned:	06/20/2014	Date of Injury:	04/15/2003
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female with a reported date of injury on 04/15/2003. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with neck and bilateral upper extremity pain, rated at 8/10 without medication and 5/10 with medication. Upon physical examination the injured worker's cervical range of motion was reported as within normal limits of all planes with no pain behaviors. Range of motion to shoulders, elbows, and wrists were reported as full at all planes with moderate spasms at paracervical and trapezius bilaterally. In addition, the injured worker presented with positive Tinel's locally at elbows bilaterally and negative Tinel's at wrists bilaterally. The physician indicated within the clinical note dated 02/20/2014 that the injured worker had returned to work at full duty with no limitations. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included shoulder strain and tennis elbow. The EMG/NCS in 2010 revealed evidence of cervical radiculopathy and carpal tunnel syndrome. The EMG/NCS dated 03/07/2014 revealed evidence consistent with bilateral C6 and C7 radiculopathies, moderate demyelination median neuropathy across the right wrist and mild demyelinating median neuropathy across the left wrist. The injured worker's medication regimen included acetaminophen and naproxen. The request for authorization for ergonomic evaluation particularly indicated for utilizing a mouse with a computer, physical therapy for stretching and strengthening, acupuncture for chronic myofascial pain, EMG (electromyography) of the bilateral upper extremities to check progression of radicular or compression syndromes, NCS (nerve conduction studies) of the bilateral upper extremities to check for progression of radicular and/or compression syndromes, and 1 time evaluation by psychologist for cognitive behavioral therapy for chronic pain management and/or

psychopharmacological evaluation for optimizing optimization of medication regimen was submitted on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Ergonomic Interventions.

Decision rationale: The Official Disability Guidelines state that ergonomic interventions are under study. Using a computer keyboard with the forearms unsupported has been proposed as a casual factor for arm/hand diagnoses. For the majority of the users, forearm support may be preferable to the floating posture in computer work station setup. An inverse relationship was found between level of job routinization and hand lacerations, with progressive higher rates of hand lacerations occurring among workers assigned to less routine (more variable) work patterns. Symptoms in the wrist/hand region were predicted by stress symptoms in twisting or bending. Physical exposures at work influenced the development of musculoskeletal symptoms in the neck, shoulder, and wrist/hand regions. However, the results also suggest that psychosocial exposure (social support) and perceived stress sometimes influence musculoskeletal symptoms. The clinical information provided for review lacks documentation related to the concerns of the injured worker's work environment. The EMG/NCS in 2010 revealed carpal tunnel syndrome. The EMG/NCS dated 03/07/2014 also revealed carpal tunnel syndrome. There is no indication that there was a change or decrease in function. In addition, the request as submitted failed to provide the concern and specific work area to be ergonomically evaluated. Therefore, the request for ergonomic evaluation is non-certified.

Physical Therapy for stretching and strengthening Quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels. The Guidelines recommend 8 to 10 physical therapy visits over a 4 week period. According to the clinical note dated 02/20/2014 the injured worker stated, "I can't really do much at work. I can't do it." In addition, the physician noted that when discussed additional treatment options of acupuncture and physical therapy were offered in lieu of taking the injured worker off of work, the injured worker left the room and ended the appointment abruptly. Previous physical therapy and conservative care was not provided within the documentation available for review. The Guidelines state that active therapy requires an internal effort by the individual to complete a specific exercise or task. According to the documentation provided for review, the injured worker lacks motivation. In addition, the request as submitted failed to provide the frequency of visits and the specific area at which the physical therapy was to be utilized. Therefore, the request for physical therapy for stretching and strengthening quantity: 4 are non-certified.

Acupuncture, Quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The Guidelines state that the time to produce functional improvement would be 3 to 6 treatments, with a frequency of 1 to 3 treatments per week in an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined. There is a lack of documentation related to previous conservative care. In addition, the clinical documentation indicates that the injured worker lacks motivation to participate in physical therapy, which the guidelines state should coincide with the use of acupuncture. There is a lack of documentation of the injured worker's functional deficits, to include the injured worker's range of motion values. Therefore, the request for acupuncture, quantity: 4 are non-certified.

EMG (Electromyography) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The California MTUS/ACOEM Guidelines state that physiological evidence may be in the form of definitive neurological findings of physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient to warrant imaging studies if symptoms persist. When the neurological examination is less clear, further physiologic

evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical information provided for review lacks documentation related to the injured worker's range of motion values. The clinical documentation dated 02/20/2014 indicates that the injured worker presented with positive Tinel's at the elbows and negative Tinel's at the wrists bilaterally. The 2010 EMG/NCS revealed evidence of cervical radiculopathy and carpal tunnel syndrome, as well as the EMG/NCS dated 03/07/2014. There is a lack of documentation related to the injured worker's increased neurological deficits or appearance of a red flag. The rationale for the request included to check progression of radicular or compression syndrome. There was a lack of documentation related to the injured worker's neurological deficits to include decreased reflexes, decreased strength, decreased sensation in the specific dermatomes, and Spurling's test. Therefore, the request for EMG (electromyography) of the bilateral upper extremities is non-certified.

NCS (Nerve conduction studies) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state that physiological evidence may be in the form of definitive neurological findings of physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient to warrant imaging studies if symptoms persist. When the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical information provided for review lacks documentation related to the injured worker's range of motion values. The clinical documentation dated 02/20/2014 indicates that the injured worker presented with positive Tinel's at the elbows and negative Tinel's at the wrists bilaterally. The 2010 EMG/NCS revealed evidence of cervical radiculopathy and carpal tunnel syndrome, as well as the EMG/NCS dated 03/07/2014. There is a lack of documentation related to the injured worker's increased neurological deficits or appearance of a red flag. The rationale for the request included to check progression of radicular or compression syndrome. There was a lack of documentation related to the injured worker's neurological deficits to include decreased reflexes, decreased strength, decreased sensation in the specific dermatomes, and Spurling's test. Therefore, the request for NCS (nerve conduction studies) of the bilateral upper extremities is non-certified.

One time evaluation by psychologist for cognitive behavioral therapy for chronic pain management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100..

Decision rationale: The California MTUS Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide the clinicians of a better understanding of a patient and their social environment, thus allowing for more effective rehabilitation. The physician is requesting a psychologist for cognitive behavioral therapy for chronic pain management. The clinical documentation indicates that the injured worker takes Gabapentin on the weekends only, acetaminophen 4 times per week, and indicates that the injured worker experiences shooting pain from left wrist to elbow resolved spontaneously after 10 to 15 seconds. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. In addition, there is a lack of documentation related to the inability to adequately manage the injured worker's pain. Although the clinical documentation does indicate that the injured worker wants the doctor to take her off of work, there is a lack of documentation related to the inability for the pain to be managed. Therefore, the request for 1 time evaluation by psychologist for cognitive behavioral therapy for chronic pain management is non-certified.