

Case Number:	CM14-0035875		
Date Assigned:	07/30/2014	Date of Injury:	05/07/2013
Decision Date:	09/12/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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:

This patient is a 50 year old female who has developed chronic neck and left upper pain secondary to cumulative trauma, DOI 5/7/13. She has had electrodiagnostic testing X's 2 which revealed both a left sided C6 radiculopathy and left sided carpal tunnel syndrome. She subsequently underwent a left sided carpal tunnel release without resolution of her symptoms and continued signs of median nerve irritability. She has not had physical therapy for her neck. She has been treated with oral analgesics including opioids. It has been clearly documented by several treating/evaluating physicians that she is having psychological problems dealing with the pain and impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended_Policy_EDX_Medicine_062810.pdf.aspx.

Decision rationale: MTUS Guidelines support the use of electrodiagnostic testing (Both EMG and NCV) if differentiation of cervical nervous system disorders is clinically indicated. The patient has and prior electrodiagnostic studies which showed both a radiculopathy and carpal tunnel syndrome. A carpal tunnel release did not improve symptoms and there were continued signs and symptoms of median nerve compression. Bilateral studies for comparison purposes are supported by standard setting bodies when the nervous system issues are complex. This patients issue is complex with a radiculopathy, carpal tunnel syndrome, and failure to improve with surgery. The requested updated bilateral EMG and NCV electrodiagnostic studies are medically necessary.

Nerve Conduction Velocity Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended_Policy_EDX_Medicine_062810.pdf.aspx.

Decision rationale: MTUS Guidelines support the use of electrodiagnostic testing (Both EMG and NCV) if differentiation of cervical nervous system disorders is clinically indicated. The patient has and prior electrodiagnostic studies which showed both a radiculopathy and carpal tunnel syndrome. A carpal tunnel release did not improve symptoms and there were continued signs and symptoms of median nerve compression. Bilateral studies for comparison purposes are supported by standard setting bodies when the nervous system issues are complex. This patients issue is complex with a radiculopathy, carpal tunnel syndrome, and failure to improve with surgery. The requested updated bilateral EMG and NCV electrodiagnostic studies are medically necessary.

Magnetiv Resonance Imaging of Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute &Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MTUS Guidelines support MRI testing of the cervical spine when there are clinical signs of a radiculopathy. The guidelines do not state that there has to be x-rays first in the presence of nerve dysfunction. This patient clearly fits the guideline criteria for MRI scanning. The request for MRI is medically necessary.

Psychiatric Consult: Overturned

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): 100,101.

Decision rationale: MTUS Guidelines supports early psychological interventions in patients with chronic pain disorders. It is clearly documented that this patient is experiencing psychological difficulties secondary to chronic pain and the resulting impairment. The request for a Psychiatric Evaluation is medically necessary.

Drug Toxicology Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: MTUS Chronic Pain Guidelines support the rational use of urine drug screens if Opioids are utilized. It is clearly documented that this patient is utilizing Opioids at the time of the request. The request for a drug screen is medically necessary.

8 Physical Therapy Visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: MTUS Chronic Pain Guidelines support 8-10 visits of physical therapy for neurotic conditions which this patient has. In the records reviewed there is no evidence of prior physical therapy directed and the cervical problems. The request for 8 sessions of therapy is consistent with guidelines. The request for 8 sessions of physical therapy is medically necessary.

Acupuncture 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines recommended a trial of 3-6 acupuncture sessions and then an evaluation for functional improvements before additional acupuncture is contemplated. This request exceeds the guideline recommendations and there are no unusual circumstances that would justify an exception to the guideline recommendations. The request for 8 sessions of acupuncture is not medically necessary.