MAXIMUS Federal Services

Case Number:	CM14-0042246		
Date Assigned:	08/01/2014	Date of Injury:	05/16/2012
Decision Date:	09/11/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 bilateral shoulder, low back, and neck pain reportedly associated with an industrial injury of May 16, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of manipulative therapy over the life of the claim; and topical compounds.In a Utilization Review Report dated March 26, 2014, the claims administrator approved a request for Norco, denied electrodiagnostic testing of the bilateral upper extremities, denied electrodiagnostic testing of the bilateral lower extremities, denied shoulder MRI imaging, denied topical Medrox, denied Norco, and denied Omeprazole.The applicant's attorney subsequently appealed.In a June 6, 2014 progress note, the applicant underwent a shoulder arthroscopy, arthroscopic repair of rotator cuff, partial claviculectomy, partial labrectomy, and manipulation under anesthesia to ameliorate postoperative diagnosis of severe impingement syndrome, adhesive capsulitis, full-thickness rotator cuff tear, and adhesion formation. The attending provider apparently operated upon the left shoulder on June 6, 2014.On March 20, 2014, the applicant presented with persistent complaints of neck, shoulder, bilateral arm, and back pain reportedly attributed to cumulative trauma from work as a machine operator. The applicant was not working, it was acknowledged, and had transferred care to and from various providers and various specialties. The applicant had received some shoulder corticosteroid injection, it was stated. Neck pain, shoulder, pain, hand pain, wrist pain, low back pain, and foot pain were noted. The applicant had history of hypothyroidism and hypertension; it was noted, requiring usage of Levoxyl and Benicar. 5/5 bilateral upper and bilateral lower extremity strengths were noted with positive signs of internal impingement about the bilateral shoulders.

Positive straight leg raising was noted with positive Tinel and Phalen signs at the wrist. The applicant stated that tingling in her hand was exacerbated by gripping and grasping. Medrox, Norco, Naproxen, and Prilosec were prescribed. The office visit in question was an initial office visit with the applicant's new primary treating provider. It was noted that the applicant had persistent complaints of shoulder pain with positive signs of internal impingement and limited range of motion are noted about both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including EMG testing in more difficult cases, may be necessary to help distinguish between carpal tunnel syndrome and other suspected diagnostic considerations, such as cervical radiculopathy. In this case, the applicant does, in fact, have both complaints of neck pain radiating into the arms of paresthesias of the digits, making both carpal tunnel syndrome and/or cervical radiculopathy possible diagnostic considerations. EMG testing to help distinguish between the two considerations is indicated. Therefore, the request is medically necessary.

Nerve conduction study of the upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the nerve conduction testing at issue here, may help to distinguish between carpal tunnel syndrome and other diagnostic considerations, such as possible cervical radiculopathy. In this case, the applicant does have neck pain complaints, hand and wrist complaints, and paresthesias/dysesthesias of the upper extremities. Nerve conduction testing to help distinguish possible carpal tunnel syndrome and/or cervical radiculopathy is indicated. Therefore, the request is medically necessary.

Electromyography (EMG) of the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 303, EMG testing may be useful to identify subtle, focal, neurologic dysfunction in applicants with low back symptoms which last more than three to four weeks. In this case, the applicant has longstanding low back pain complaints, apparently associated with cumulative trauma at work. There is some report of radiation of pain to the feet and positive straight leg raising appreciated on exam, although it is incidentally noted that the applicant did retain well-preserved, 5/5 bilateral lower extremity motor function. Subtle, focal neurologic dysfunction is therefore a possibility here. EMG testing to help establish the presence or absence of radiculopathy is indicated. Therefore, the request is medically necessary.

Nerve conduction study (NCS) of the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does acknowledge that electrical studied for routine foot and ankle problems without clinical evidence of entrapment neuropathy is "not recommended." In this case, the applicant has ongoing complaints of chronic low back pain radiating into bilateral lower extremities with associated paresthesias of the same. The applicant stated that her feet gave out from time to time. The applicant has a history of both hypothyroidism and hypertension. Thus, there are two separate systemic disease processes which make lower extremity peripheral neuropathy a more likely consideration. Nerve conduction testing to help establish the presence or absence of the same is indicated. Therefore, the request is medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine MRI imaging of the shoulders without surgical indications is deemed "not recommended." In this case, there was no indication that the applicant was intent on acting on the results of the shoulder MRI and/or considering a surgical remedy was it offered. MRI

imaging, by definition, is therefore superfluous. Therefore, the request is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine MRI imaging of the shoulder without surgical indications is "not recommended." In this case, the attending provider did, in fact, order MRI imaging of numerous body parts, with no clear evidence that the applicant was intent on acting on the results of the same. There was no indication or statement that the applicant was considering or contemplating a surgery remedy insofar as either shoulder is concerned. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnosis is being evaluated. In this case, as with the shoulder MRIs, there was no indication that the applicant was actively considering or contemplating any kind of surgical remedy insofar as the lumbar spine is concerned. The applicant's well-preserved, 5/5 lower extremity motor strength would argue against the presence of a clear-cut lumbar radiculopathy that would require surgical intervention. Accordingly, the request is not medically necessary.

Medrox Pain Relief Ointment with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's concurrent provision with two separate first-line oral pharmaceuticals, naproxen and Norco, effectively

obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as such Medrox. Therefore, the request was not medically necessary.

Hydrocodone/APAP (Norco) 10/325mg tablet, #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-acetaminophen Page(s): 91.

Decision rationale: The request in represented a first-time prescription for Norco. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco is indicated for moderate to moderately severe pain. In this case, the applicant did have moderate-to-severe multifocal pain complaints. Introduction of Norco was indicated to combat the same. Therefore, the request was medically necessary.

Prescription of Omeprazole DR 20mg capsule, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Omeprazole to combat NSAID-induced dyspepsia, in this case, there was no mention of any active symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone, which would have supported provision of Omeprazole. Therefore, the request was not medically necessary.