

Case Number:	CM14-0045497		
Date Assigned:	06/27/2014	Date of Injury:	07/12/2009
Decision Date:	12/03/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a male who reported a work place injury on July 12, 2009 with subsequent complaint of neck, arms, hand and low back pain. The industrially related diagnoses listed include bronchial radiculitis, lumbago, lumbosacral neuritis, and adjustment reaction. The "Interim history" section of a progress note on date of service April 10, 2014 does not specify characteristics of current complaints, but does not that there has been "no significant improvement" since the last exam. Per notes provided, the physical examination documents tenderness in the cervical spine, elbows, and lumbar spine. The dispute requests are to evaluate appropriateness for consultation with Internal Medicine, Psychology, and Electromyography and Nerve Conduction Testing of the bilateral Upper Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Eval: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The submitted notes were reviewed and did not document the rationale for an internal medicine consultation. Additionally, there is no documentation of physical exam findings in the progress notes, which would obviously warrant internal medicine consultation. Given this, this request is not medically necessary.

Psychological Eval: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Return to Work Pathways

Decision rationale: The CA MTUS states psychological treatment is "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." Additionally, the ODG mentions "If psychological factors retarding recovery are suspected, possibly refer to psychologist for testing." However, documentation states previously psychological consultation was already made and treatment initiated with "Lexapro and Celexa." Notes that are more recent indicate Lexapro has been continued. There is no specific documentation indicating a change in psychological health or any new symptoms to warrant repeat consultation.

EMG BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic Testing

Decision rationale: The CA MTUS reports "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Additionally the ODG recommends "Refer to Neurologist (70%) or Physical

Medicine (30%) specialists certified in electrodiagnostic medicine, for NCT (Nerve Conduction Studies) and or EMG, the "gold standard" tests for the evaluation of CTS." In the case of this injured worker, although physical exam notes indicate possible pathology of the median nerve (with positive Tinel and Phalen's maneuvers), there is inadequate documentation of the diagnostic work-up to date. This injury is chronic, and there is no discussion of whether a prior electrodiagnostic study had been carried out. Furthermore, there was no submission of a progress note, which specifically requests the electrodiagnostic study or explained any rationale for why a study was needed. This request is not medically necessary.

NCV BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel syndrome, Electrodiagnostic Testing

Decision rationale: The CA MTUS reports "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Additionally the ODG recommends "Refer to Neurologist (70%) or Physical Medicine (30%) specialists certified in electrodiagnostic medicine, for NCT (Nerve Conduction Studies) and or EMG, the "gold standard" tests for the evaluation of CTS." In the case of this injured worker, although physical exam notes indicate possible pathology of the median nerve (with positive Tinel and Phalen's maneuvers), there is inadequate documentation of the diagnostic work-up to date. This injury is chronic, and there is no discussion of whether a prior electrodiagnostic study had been carried out. Furthermore, there was no submission of a progress note, which specifically requests the electrodiagnostic study or explained any rationale for why a study was needed. This request is not medically necessary.