MAXIMUS Federal Services

Case Number:	CM14-0051928		
Date Assigned:	08/06/2014	Date of Injury:	12/08/2010
Decision Date:	12/19/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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:

Injured worker is a female with date of injury 12/8/2010. Per primary treating physician's progress report dated 3/14/2014, the injured worker has been taking tramadol which causes gastritis. She had 12 sessions of chiropractic treatment which did not help. She states that in the past she had physical therapy which did not help. She denies having acupuncture treatment. She reports constant pain on the right side more than the left side of the cervical spine rated 3-8/10. The pain radiates to the right upper trapezius muscles and medial third of the right arm. She denies pain in the left upper extremity. She reports occasional numbness and tingling on the ulnar and palmar aspect of the right hand. She reports weakness of the right upper extremity. She reports dropping things. She reports occasional right occipital and temporal headache rated 1-5/10 which is not related to her cervical spine pain. She denies dizziness, blurred vision or tinnitus. She reports occasional pain on the posterolateral aspect of the elbow, right more than left. The pain radiates to the right shoulder. She denies pain in the right shoulder or right wrist. Diagnoses include 1) cervical spine strain, rule out right upper extremity radiculopathy 2) bilateral elbow lateral epicondylitis 3) right strain de Quervain's 4) history of myasthenia gravis 5) history of excision of thymus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement as a result of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months.The number of sessions requested is in excess of those recommended by the MTUS Guidelines. Medical necessity of this number of sessions has not been established. The request for Acupuncture Quantity 12 is determined to not be medically necessary.

Tramadol 50 mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam.The medical reports do not provide objective evidence of functional improvement with the use of tramadol. Pain reduction and quality of life are also not addressed with the use of tramadol. Aberrant drug behavior and attempts to taper and discontinue tramadol are not reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Tramadol 50 mg Quantity 60 is determined to not be medically necessary.

Functional Capacity Evaluation Quantity 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) section

Decision rationale: The ODG provides specific guidelines for performing an FCE and state to consider an FCE if 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if 1) the sole purpose is to determine a worker's effort or compliance 2) the worker has returned to work and an ergonomic assessment has not been arranged.The requesting physician explains that this prescription is for a permanent and stationary report to determine if the employee is able to resume working in a capacity commensurate with her skills or abilities. In an appeal letter dated 4/4/2014, the requesting physician explains that the injured worker is considered permanent and stationary. Accompanying this request are requests for diagnostic studies including EMG and NCS. This is not consistent with being permanent and stationary. The request for Functional Capacity Evaluation Quantity 1 is determined to not be medically necessary.

EMG - Cervical Spine Quantity 1: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.EMG of the cervical spine is done with the upper extremities, which have been requested separately. Medical necessity of this request has not been established. The request for EMG - Cervical Spine Quantity 1 is determined to not be medically necessary.

EMG - Left Upper Extremity Quantity 1: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV

may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.The left upper extremity is not reported to be symptomatic. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.The request for EMG - Left Upper Extremity Quantity 1 is determined to not be medically necessary.

NCS - Left Upper Extremity Quantity 1: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.The left upper extremity is not reported to be symptomatic. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.The request for NCS - Left Upper Extremity Quantity 1 is determined to not be medically necessary.