

Case Number:	CM14-0056010		
Date Assigned:	08/08/2014	Date of Injury:	08/30/2010
Decision Date:	10/16/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on August 30, 2010. The mechanism of injury is noted as bending to the left to grab paper from a printer. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, elbow pain, wrist pain, hand pain, and back pain. Current medications include tramadol and Naprosyn. The physical examination demonstrated decreased grip strength with the left hand and a positive right-sided Tinel's test at the wrist. There was mild tenderness along the cubital tunnel on the right side and along the medial and lateral epicondyles bilaterally. A shoulder examination indicates a positive cross arm test on the left side and tenderness along the shoulder girdle. There was tenderness along the cervical and lumbar spine and a normal lower extremity neurological examination. Diagnostic imaging studies are unknown. Previous treatment includes physical therapy, acupuncture, chiropractic care, the use of a TENS unit, and oral medications. A request had been made for an MRI the cervical spine EMG and NCS studies of the bilateral upper extremities to pain management consultation, 12 visits of chiropractic care, a c-collar with gel, a cervical pillow, a cold wrap, and a hot wrap and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI Cervical Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guideline, Cervical & Thoracic Spine Disorders, Diagnostic Investigations, MRI (electronically cited).

Decision rationale: According to the American College of Occupational and Environmental Medicine a cervical spine MRI is only recommended for individuals with acute cervical spine pain with a progressive neurological deficit or progressive neurological abnormalities that span more than one neurological level. The injured employee does not have these conditions. As such, this request for cervical spine MRI is not medically necessary.

EMG (Electromyography) of the Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electrodiagnostic Studies, Updated February 20, 2014.

Decision rationale: According to the Official Disability Guidelines electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. As such, this request for EMG testing of the bilateral upper extremities is not medically necessary.

NCS (nerve conduction study) of the Bilateral Upper Extremities: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electrodiagnostic Studies, Updated February 20, 2014.

Decision rationale: According to the Official Disability Guidelines electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. This request for NCS testing of the bilateral upper extremities is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: It is unclear why there is a referral for a pain management consultation while the injured employee was concurrently prescribed other pain relieving modalities and further testing. Considering this, the request for a pain management consultation is not medically necessary.

Chiropractic Treatment (12-sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Review of the attached medical record indicates that the injured employee has previously received chiropractic care however the efficacy of this treatment is unknown. Considering this, an additional 12 sessions of chiropractic care is not medically necessary.

C-Collar with Gel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Collars, Cervical, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines cervical collars not recommended for neck pain and cervical sprains. Cervical collars are only recommended in the postoperative setting where fracture indications exist. This request for a c-collar with Gel is not medically necessary.

Cervical Pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Cervical Pillows, Updated August 4, 2014

Decision rationale: The Official Disability Guidelines indicates use of a cervical pillow in conjunction with daily exercise. It is stated that chronic neck pain should be treated by health professionals trained to teach both exercise and the appropriate use of the neck support pillow. There is no indication that the injured employees currently participating in any physical therapy or home exercise for the cervical spine. Considering this, the request for a cervical pillow is not medically necessary.

Cold wrap: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Cold Packs, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines there is insufficient testing to determine the effectiveness of heat/cold applications in the treatment of mechanical neck disorders. However cold packs may be applied during the first few days of symptoms. Considering this, the request for a cold wrap is not medically necessary.

Hot wrap: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Heat/Cold Applications, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines heat application is recommended and may be applied after the first few days of symptoms. This request for a hot wrap is medically necessary.