

Case Number:	CM14-0064548		
Date Assigned:	07/16/2014	Date of Injury:	09/23/2013
Decision Date:	08/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with date of injury 9/23/13. The treating physician report dated 4/16/14 indicates that the patient developed chronic pain with repetitive clerical work and now presents with pain affecting the neck, shoulders, elbows, forearms, wrists, fingers and thumbs as well as frequent headaches. MRI of the cervical spine and left elbow were performed in February 2014, results pending. The current diagnoses are: 1. Cervical strain 2. Bilateral shoulder bursitis 3. Bilateral tennis elbow with radial tunnel syndrome 4. Bilateral cubital tunnel syndrome 5. Bilateral carpal tunnel syndrome 6. Bilateral de Quervain's tenosynovitis 7. Bilateral first carpometacarpal joint pain. The utilization review report dated 5/2/14 denied the request for Alprazolam, Omeprazole, EMG/NCV bilateral upper extremities, MRI of cervical spine and bilateral thumb spica wrist braces based on the rationale that the MRI and EMG/NCV were previously authorized on 2/25/14 and 2/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam ER 1mg #30 One Po Qhs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with chronic pain affecting the cervical spine, shoulders and bilateral elbows, wrists, forearms and thumbs with associated headaches. The current request is for Alprazolam ER 1mg #30 One PO QHS. The treating physician initial report dated 4/16/14 states, "Alprazolam ER 1mg #30 one p.o. q.h.s. is prescribed for sleep." There were no complaints from the patient noted in the exam indicating any sleep disturbances. The MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. There is no documentation of sleep disturbance requiring the use of a benzodiazepine and there is nothing in the treating physician's report to indicate if this medication was previously prescribed as there is only one report available for review. Recommendation is for denial.

Omeprazole 20MG #60 ONE PO BID: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The patient presents with chronic pain affecting the cervical spine, shoulders and bilateral elbows, wrists, forearms and thumbs with associated headaches. The current request is for Omeprazole 20MG #60 one p.o. b.i.d. The treating physician initial report dated 4/16/14 states, "Emeprazole will be utilized for stomach upset." There is nothing in the report indicating that the patient suffers with GI disturbance past or present related to NSAIDs and this request appears to be prophylactic in nature. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The physician in this case has not documented that the patient has any G/I symptoms that require an H2 receptor antagonist or a PPI. Recommendation is for denial of Omeprazole.

EMG Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with chronic pain affecting the cervical spine, shoulders and bilateral elbows, wrists, forearms and thumbs with associated headaches. The current request is for EMG Bilateral Upper Extremities. The utilization review report dated 5/2/14 states that EMG/NCV of the upper extremities was authorized on 2/20/14. The treating physician states, In February 2014, the MRI of the cervical spine, left elbow, and EMG/NCV of the bilateral upper extremities were still pending. In February 2014, an MRI of the cervical spine and left elbow

were performed. There is no mention if the EMG/NCV that was previously authorized was ever performed. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. Review of the records provided does not clearly document if this request is a repeat EMG/NCV of the bilateral upper extremities or a repeat request following the original authorization given on 2/20/14. The utilization review report clearly indicates that there was prior authorization for MRI and EMG and the patient did receive the MRI scans. Recommendation is for denial of EMG bilateral upper extremities as authorization was already provided on 2/20/14.

NCV Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with chronic pain affecting the cervical spine, shoulders and bilateral elbows, wrists, forearms and thumbs with associated headaches. The current request is for ENCV Bilateral Upper Extremities. The utilization review report dated 5/2/14 states that EMG/NCV of the upper extremities was authorized on 2/20/14. The treating physician states, In February 2014, the MRI of the cervical spine, left elbow, and EMG/NCV of the bilateral upper extremities were still pending. In February 2014, an MRI of the cervical spine and left elbow were performed. There is no mention if the EMG/NCV that was previously authorized was ever performed. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. Review of the records provided does not clearly document if this request is a repeat EMG/NCV of the bilateral upper extremities or a repeat request following the original authorization given on 2/20/14. The utilization review report clearly indicates that there was prior authorization for MRI and EMG and the patient did receive the MRI scans. Recommendation is for denial of NCV bilateral upper extremities as authorization was already provided on 2/20/14.

MRI CERVICAL SPINE: Upheld

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

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

Decision rationale: The patient presents with chronic pain affecting the cervical spine, shoulders and bilateral elbows, wrists, forearms and thumbs with associated headaches. The current request is for MRI Cervical spine. The utilization review report dated 5/2/14 states that cervical MRI was authorized on 2/20/14. The treating physician states, In February 2014, the MRI of the cervical spine, left elbow, and EMG/NCV of the bilateral upper extremities were still pending. In February 2014, an MRI of the cervical spine and left elbow were performed. The

ACOEM Guidelines do support MRI of the cervical spine. In this case the patient was being seen by a new primary treating physician and reports that a cervical MRI was done in February 2014 and that the report was not available. The treating physician report dated 4/16/14 states, The patient's neck pain is quite significant. I am going to have her undergo an MRI scan of her neck. The treating physician clearly documented that the patient had just received an MRI in February 2014 and the results were pending. There is no justification provided for a repeat MRI and the patient did receive a cervical MRI as was authorized on 2/20/14. Recommendation is for denial.

Bilateral Thumb Spica Wrist Braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The patient presents with chronic pain affecting the cervical spine, shoulders and bilateral elbows, wrists, forearms and thumbs with associated headaches. The current request is for Bilateral Thumb Spica Wrist Braces. The patient has been diagnosed with bilateral carpal tunnel syndrome and bilateral de Quervain's tenosynovitis. The ACOEM guidelines do support splints to help reduce pain. Recommendation is for authorization.