

Case Number:	CM14-0072720		
Date Assigned:	07/16/2014	Date of Injury:	11/27/2010
Decision Date:	09/11/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 injured worker is a 41-year-old female who was reportedly injured on November 27, 2010. The mechanism of injury was noted as a lifting type event. The most recent progress note dated April 18, 2014, indicated that there were ongoing complaints of headache and neck pain. The physical examination demonstrated a borderline hypertensive individual (133/33) with no other physical findings reported. A previous assessment noted a decrease in cervical spine range of motion, a decrease in lumbar spine range of motion, and no specific neurological losses. Deep tendon reflexes were equal bilaterally and strength was reported to be 5/5. Diagnostic imaging studies were not presented. Previous treatment included conservative care, multiple medications and pain management interventions. A request was made for medications, testing and consultation and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back (EMG/NCS).

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

Decision rationale: When noting the date of injury, the reported mechanism of injury, the findings on the physical examination by the orthopedic surgeon as well by the internist there is no clinical indication of any findings suggestive of a nerve root compromise. Furthermore, diagnostic imaging studies do not suggest that there is any evidence of a nerve root encroachment. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and by the findings noted on physical examination, there is insufficient clinical examination to suggest that there were subtle focal neurological dysfunctions necessary to require such interventions. Therefore, this is not medically necessary.

NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back (EMG/NCS).

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

Decision rationale: When noting the date of injury, the reported mechanism of injury, the findings on the physical examination by the orthopedic surgeon as well by the internist, there is no clinical indication of any findings suggestive of a nerve root compromise. Furthermore, diagnostic imaging studies do not suggest that there is any evidence of a nerve root encroachment. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and by the findings noted on physical examination, there is insufficient clinical examination to suggest that there were subtle focal neurological dysfunctions necessary to require such interventions. Therefore, this is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back (EMG's).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back-Diagnostic Investigations (electronically cited).

Decision rationale: When noting the date of injury, the reported mechanism of injury, the findings on the physical examination by the orthopedic surgeon as well by the internist, there is no clinical indication of any findings suggestive of a nerve root compromise. Furthermore, diagnostic imaging studies do not suggest that there is any evidence of a nerve root encroachment. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and by the findings noted on physical examination, there is

insufficient clinical examination to suggest that there were subtle focal neurological dysfunctions necessary to require such interventions. Therefore, this is not medically necessary.

NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back-Diagnostic Investigations (electronically cited).

Decision rationale: When noting the date of injury, the reported mechanism of injury, the findings on the physical examination by the orthopedic surgeon as well by the internist, there is no clinical indication of any findings suggestive of a nerve root compromise. Furthermore, diagnostic imaging studies do not suggest that there is any evidence of a nerve root encroachment. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and by the findings noted on physical examination, there is insufficient clinical examination to suggest that there were subtle focal neurological dysfunctions necessary to require such interventions. Therefore, this is not medically necessary.

Hydrocodone/APAP 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 68 of 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication is useful for the treatment of gastroesophageal reflux disease or considered a gastric protectant. When noting the date of injury and the progress notes subsequent the date of injury, there is a specific lack of any complaints of any gastric distress. Therefore, based on the clinical evaluation presented, there is no clear clinical indication for the continued use of this medication. As such, this is not medically necessary.

General Orthopedic Consult for Bilateral Shoulder, Bilateral Wrist and Bilateral Hand Complaints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder, Forearm, Wrist & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations, Page 127.

Decision rationale: The most recent progress note indicates that the current complaints were related to the low back. There were difficulties with lumbar spine range of motion and cervical spine range of motion. There was no clear clinical indication for the need to assess the bilateral shoulders, bilateral elbows, and bilateral wrists based on the current complaints offered. As such, based on this limited clinical information, there is insufficient data presented to support this request. As such, this is not considered medically necessary.

Chiropractic Rehabilitative Therapy 2 times a week for 8 weeks for the cervical spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, there is support for manual manipulative psychotherapies, however this is to be applied within the 1st several weeks after the date of injury. When noting the date of injury, the treatment rendered today, and the current physical examination, there is no clear clinical indication for this intervention. This is not medically necessary.