

Case Number:	CM14-0074112		
Date Assigned:	07/16/2014	Date of Injury:	04/24/2012
Decision Date:	08/22/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 50 year old male who was injured on 4/24/2012. The diagnoses are right shoulder pain, right carpal tunnel syndrome, right ulnar neuropathy, right median and lateral epicondylitis. The patient had completed PT, right rotator cuff surgery and acupuncture treatments. On 3/18/2014, the patient reported right lower extremity pain with a 6/10 pain score on a scale of 0 to 10 scale. On 3/27/2014, [REDACTED] noted subjective report of less pain, better sleep and less anxiety following acupuncture treatments. The medications are Anaprox for pain, Norflex for muscle spasm and Prilosec for the prevention of NSAIDs induced gastritis. An EMG/NCS was done on 8/12/2012. A Utilization review determination was rendered on 5/12/2014 recommending non certification Small Pain Fibers nerve conduction studies of the right upper extremity and cubital tunnel and Ongoing Functional Capacity Evaluation at 6-8 weeks intervals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Small-Pain-Fiber Nerve Conduction Studies of the Right Upper Extremity and Cubital Tunnel.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG - Forearm/Wrist/Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back. Lumbar and Thoracic EMG/NCS.

Decision rationale: The CA MTUS did not fully address the use of NCS in the evaluation of chronic low back pain. The ODG recommends that Nerve Conduction Studies can be utilized when there is equivocal evidence of radiculopathy that had not been confirmed by clinical and objective findings. The record indicates that the patient had already been diagnosed with right carpal tunnel syndrome and right ulnar neuropathy. A confirmatory NCV/EMG was done on 8/12/2012. There is no development of new symptoms or significant changes in neurological examination. Therefore, the necessity for further confirmatory Small Pain Fiber Nerve Conduction Studies of the right upper extremity and cubital tunnel was not met.

Ongoing Functional Capacity Evaluation every 6-8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG - Forearm/Wrist/Hand Chapter.

MAXIMUS guideline: The Expert Reviewer based their decision on the MTUS Citation Chronic Pain Medical Treatment, Guidelines 9792.24.2.

Decision rationale: The CA MTUS addressed the benefits of functional capacity evaluation (FCE) program in the treatment of chronic pain. Subsequent FCE is used to assess and document objective improvements and to determine future work capability. The records indicate that on 3/27/2014, the patient reported that the pain had significantly decreased following acupuncture. The patient reported that he was less anxious and sleeping better. The patient is not currently employed. The stated benefits for an ongoing functional capacity evaluation every 6-8 weeks interval was not met.