

Case Number:	CM14-0086129		
Date Assigned:	09/10/2014	Date of Injury:	09/13/1990
Decision Date:	10/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 male with date of injury 9/13/1990. Per primary treating physician's progress report dated 6/6/2014, the injured worker complains of intermittent moderate to 5/10 dull, achy, sharp neck pain and stiffness radiating to right arm, worse with driving. He receives relief from medications. He complains of intermittent moderate to 5/10 achy, throbbing low back pain and stiffness radiating to bilateal legs with numbness and wekness with relief from medications, physical therapy and acupuncture. He complains of intermittent moderate to 5/10 achy, clicking/popping, throbbing right shoulder pain with improvement from exercise, and relief from medications. He complains of occasionally moderate to 4/10 achy, staffing, throbbing left shoulder pain with relief from medications. He complains of intermittent moderate sharp bilateal wrist pain and stiffness, numbness/tingling in right hand, associated with prolonged grabbing/grasping. Examination shows cervical spine reduced range of motion in all planes. There is tenderness to palpation of the cervical paravertebral muscles and muscle spasm of the bilateral tapezii and cervical paravertebral muscles. Lumbar spine has reduced range of motion in all planes. There is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Bilateral shoulders have reduced range of motion in all planes. Right shoulder has tenderness to palpation of the posterior right shoulder, and muscle spasms of the posterior shoulder. Supraspinatus press causes pain bilaterally. Left shoulder has tenderess to palpation of the anterior shoulder with muscle spasm of the anterior shoulder. Bilateal wrists have full range of motion with no swelling. There is tenderness to palpation of the dorsal wrist and reverse Phalen test on the right. Diagnoses include 1) right shoulder impingement syndrome 2) left shoulder impingement syndrome 3) carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NM diagnostic procedure: Overturned

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

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 request for 1 NM diagnostic procedure is determined to be medically necessary.

1 NM treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (acute & Chronic)

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 chapter, Hyperstimulation Analgesia section

Decision rationale: The claims administrator utilized the ODG Low Back chapter, Hyperstimulation Analgesia section for evidence based recommendations regarding this request. The requesting physician apparently did not oppose the use of these guidelines, and no explanation of this request was provided that would indicate the use of these guidelines were not appropriate for the request. The MTUS Guidelines do not address hyperstimulation analgesia. The ODG does not recommend the use of hyperstimulation analgesia until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. Medical necessity of this request has not been established by the requesting physician. The request for 1 NM treatment is determined to not be medically necessary.

