

<b>Case Number:</b>	CM14-0092197		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Internal 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:

The injured worker is a 48 year old female who had a work-related injury on 10/05/12. Mechanism of injury is not described. Most recent medical record submitted for review is 07/23/14. The injured worker is in today for follow up regarding bilateral hands and wrists. She is in the office today for the results of the MRI of the cervical spine. MRI of cervical spine dated 07/10/14 demonstrates a 3mm disc protrusion at C3-4 effacing the ventral subarachnoid space exerting mild mass effect on the central cord at C5-6. There is a posterior lateral 1-2mm disc bulge partially effacing the ventral CSF. The central canal is otherwise patent. No cord compression is evident. There is moderate left and mild right foraminal narrowing at C6-7. There is mild central canal narrowing in both neural foramen are markedly narrowed by facet hypertrophy at C6-7 and at C7-T1 there is mild degeneration at both neural foramen. The injured worker has persistent neck pain and pain going down the arm with numbness and tingling as well as weakness. She is not currently working and receiving worker's compensation benefits. In terms of her hands, she has persistent pain at both hands along the carpal tunnel area with numbness and tingling and weakness with gripping and grasping. She has numbness and tingling worse at night. She has access to a brace and hot and cold. She is exhausted because of her treatment as this has been going on for nearly 2 years. We are requesting a left carpal tunnel release which was apparently denied. She wears a daytime brace which is a soft brace with a removable plate and a nighttime brace which is a carpal tunnel brace. Physical examination she has tenderness along the paraspinal muscles, trapezius and shoulder girdle. Along the wrists, she has tenderness along the carpal tunnel bilaterally with positive Tinel's at the wrists, local on the right and on the left onto the thumb and first finger. She has decreased sensation along the radial distribution on the right in comparison to the left. She has positive reverse Phalen's and negative Phalen's test bilaterally. Diagnoses include shoulder impingement with bicipital tendonitis

especially on the right side for which MRIs are needed. Discogenic cervical condition with radicular component on the upper extremities. Nerve conduction studies in the past not showing any radiculopathy. Cubital tunnel syndrome bilaterally radial tunnel syndrome bilaterally. Carpal tunnel syndrome bilaterally, status post decompression on the right. Nerve studies positive on the left and residual showing some findings on the right as well. CFC joint inflammation of the thumb bilaterally. Stenosis tenosynovitis of the right index and long finger. She has elements of stress, depression, anxiety, weight gain, GERD, sleep, and sexual dysfunction. Prior utilization review on 05/29/14 for a brace, prescription for Restoril #30, 1 wrist MRI, and a 1 pillow was denied except for the modification of the Restoril was to #26. Current request for a brace, prescription for Restoril #30, 1 wrist MRI, and a 1 pillow.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page: 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome (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) Neck chapter, Collars (cervical)

**Decision rationale:** The request for brace is not medically necessary. The request is non-specific, do not know what body part the requested brace is for. Therefore, medical necessity has not been established

#### **1 prescription for Restoril, # 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

#### **1 wrist MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Page: 42.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**Decision rationale:** The request for MRI of wrist is non-specific and not medically necessary. The clinical documentation submitted for review does not support the request. Nerve conduction studies reveal bilateral carpal tunnel syndrome, as such, medical necessity doe MRI of wrist has not been established.

**1 pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (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) Neck chapter, Pillow

**Decision rationale:** The request for pillow is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical rason for the request for pillow. Therefore medical necessity has not been established.