MAXIMUS Federal Services

Case Number:	CM14-0195570		
Date Assigned:	12/03/2014	Date of Injury:	04/11/2013
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 Emergency Medicine and is licensed to practice in New York. 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 48-year-old female who was injured on April 11, 2013. The patient continued to experience neck and upper extremity pain. Physical examination was notable for normal range of motion of the cervical spine, trigger point in the left paravertebral muscle of the cervical spine, positive facet loading at C3 and C4, decreased sensation on left shoulder and left forearm to light touch, and positive Tinel's left ulnar nerve at cubital tunnel. MRI of the cervical spine dated 9/30/13 reported C3-4 disc desiccation and disc space narrowing with broad-based bulge and central profusion with loss of anterior subarachnoid fluid and ventral cord effacement. Diagnoses included cervicalgia, cervical disc degeneration, and brachial neuritis/radiculitis. Treatment included chiropractic treatment, cervical epidural steroid injections, physical therapy, and medications. Requests for authorization for nerve conduction test of bilateral upper extremities, cervical x-ray, monthly follow up visits with Dr. [redacted], pre-fabricated TENS unit for 30 days, and referral consultation with hand surgeon were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction test of the bilateral upper etremities: Upheld

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

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request should not be authorized.

Cervical X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back procedure summary, Imaging X-ray

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

Decision rationale: Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). In this case medical documentation in the medical record does not support the presence of red flag or physiologic evidence of tissue insult or neurological dysfunction. Medical necessity has not been established. The request should not be authorized.

Monthly follow -up visits time 3 with Dr. [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back procedure summary, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate; Evaluation of Chronic Pain in Adults

Decision rationale: Dr. [redacted] is a pain specialist. Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: - Symptoms that are debilitating- Symptoms located at multiple sites- Symptoms that do not respond to initial therapies- Escalating need for pain medication In this case the patient is in no distress and is able to move the neck normally. Documentation in the medical record does not support that the patient has any of the above reasons for pain management referral. The request should not be authorized.

Pre-Fabricated TENS unit times 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 114-115.

Decision rationale: TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. The TENS unit is therefore not recommended.

Referral consultation with hand surgeon regarding ulnar/median entrapment times 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist & Hand procedure summary, Evaluation and management (E&M)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for cubital tunnel syndrome ulnar nerve entrapment

Decision rationale: Surgery for cubital tunnel syndrome (ulnar nerve entrapment) is recommended when initial conservative treatment fails. Initial conservative therapy includes all of the following: - Exercise: Strengthening the elbow flexors/extensors isometrically and isotonically within 0-45 degrees- Activity modification: Recommend decreasing activities of repetition that may exacerbate the patient's symptoms. Protect the ulnar nerve from prolonged elbow flexion during sleep, and protect the nerve during the day by avoiding direct pressure or trauma.- Medications: Non-steroidal anti-inflammatory drugs (NSAIDs) in an attempt to decrease inflammation around the nerve.- Pad/splint: Use an elbow pad and/or night splinting for a 3-month trial period. Consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence.In this case there is no documentation that the patient has tried and failed all elements of conservative therapy. The

surgery for ulnar entrapment is not indicated. Surgical referral is, therefore, not necessary. The request should not be authorized.