

Case Number:	CM14-0204987		
Date Assigned:	12/17/2014	Date of Injury:	02/22/2011
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 female with date of injury 2/22/2011. Per doctor's first report of occupational injury or illness dated 11/15/2014, the injured worker complains of cervicgia and bilateral upper extremity pain and numbness from repetitive movements doing electronics plating. Pain and numbness is in bilateral upper extremities. Pain in neck is worsened by activity. On examination there is diffuse tenderness to palpation. Deep tendon reflexes are 2+ and symmetrical. Strength is 5/5. Sensation is intact to light touch and pinprick. Hoffman's is absent. Diagnosis is repetitive cumulative trauma. Treatments include NSAIDs, MRI and EMG, and modified work of no repetitive movement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 injured worker is not reported to have neurologic dysfunction on examination that has been present for over three or four weeks. She has tenderness to palpation with normal reflexes, strength and sensation, and no Hoffman's sign. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for EMG of left upper extremity is determined to not be medically necessary.

EMG of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 injured worker is not reported to have neurologic dysfunction on examination that has been present for over three or four weeks. She has tenderness to palpation with normal reflexes, strength and sensation, and no Hoffman's sign. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for EMG of right upper extremity is determined to not be medically necessary.

Retrospective Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries from repetitive motion and cumulative trauma with no change in pain level and no acute injuries reported. The injured worker is also noted to be hypertensive on examination, but the clinical notes do not address this in regards to treatment with NSAIDs. NSAIDs can increase blood pressure by an average of 5 to 6 mm in

patients with hypertension and should be used with caution. The request for Retrospective Diclofenac 100mg #60 is determined to not be medically necessary.

Retrospective Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as omeprazole, are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for Retrospective Omeprazole 20mg #60 is determined to not be medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. The injured worker is reported to have neck pain and bilateral upper extremity pain from cumulative trauma and repetitive motion. Examination shows that there is diffuse tenderness to palpation with no neurological deficits. Deep tendon reflexes, strength and sensation are all normal with no Hoffman's sign present. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The request for MRI of the cervical spine is determined to not be medically necessary.