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| Case Number: | CM14-0209961 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 06/12/2005 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 57-year-old female with date of injury of 06/12/2005. The listed diagnoses from 10/23/2014 are: 1. Status post anterior cervical discectomy and fusion from 12/10/2012. 2. Status post right shoulder arthroscopy from 02/29/2009. 3. Status post left shoulder arthroscopic subacromial decompression and Mumford procedure from 05/02/2011. 4. Left wrist dorsal ganglion. 5. Left cubital tunnel syndrome. 6. Multilevel lumbar disk desiccation and bulging. 7. Right knee pain with possible meniscal tearing. 8. Depression. 9. Sleepiness. 10. Hypertension. According to this report, the patient complains of persistent neck and left upper extremity pain radiating into her arm. She has aching pain in the neck and left shoulder that she rates 8/10. The patient has burning pain in her scapula that she rates 7/10. She has stabbing pain in her left arm that she rates 6/10. The patient states that she has difficulty swallowing postoperatively, but her pain has decreased significantly. The patient is taking Advil which is not helping. She is not attending any therapy. The examination shows surgical scarring consistent with anterior cervical fusion. The patient is not wearing any neck brace or any assistive devices. There is tenderness in the paraspinal musculature of the cervical, thoracic, and trapezius regions. Tenderness was also noted above the insertion of the paraspinal muscles at the occiput. Spasm with range of motion is present. There is decreased sensation about the C6 dermatome on the left. Motor examination is normal. Upper extremity reflexes are 2+ bilaterally and symmetrical. The treating physician references an EMG of the bilateral upper extremities performed on 09/05/2014 that showed right

carpal tunnel syndrome, mild. Treatment reports from 05/23/2014 to 10/23/2014 were provided for review. The utilization review denied the request on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: This patient presents with persistent neck and left upper extremity pain radiating into the arm. The treater is requesting a wrist brace. The ACOEM Guidelines page 265 states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity." The records do not show any previous request for a wrist brace. In this case, the patient does have a positive carpal tunnel syndrome on the right, and the ACOEM Guidelines support its use. The request is medically necessary.

Ultram 50 mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with persistent neck and left upper extremity pain radiating into the arm. The treater is requesting Ultram 50 mg quantity 90. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The 10/23/2014 report notes that the patient's Advil use was "not helping." It appears that the treater would like to try Ultram for the patient's chronic pain, and the request is reasonable and medically indicated per the MTUS Guidelines. The request is medically necessary.