

Case Number:	CM14-0061373		
Date Assigned:	08/08/2014	Date of Injury:	01/27/2011
Decision Date:	01/05/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 52 year-old female, who sustained an injury on January 27, 2011. The mechanism of injury is not noted. Pertinent diagnostics are not noted. Treatments have included bilateral carpal tunnel releases, bilateral thumb trigger finger releases, physical therapy, medications. The current diagnoses are cervical discogenic condition, status post bilateral carpal tunnel releases, status post bilateral thumb trigger finger releases, stress, and depression. The stated purpose of the request for MRI of the cervical spine, EMG of the right wrist, NCV of the bilateral upper extremities, in home TENS Unit, hot and cold wrap, cervical collar with gel, cervical pillow, and chiropractic and/or physical therapy was for chronic pain. The request for MRI of the cervical spine and EMG of the right wrist was denied citing a lack of documentation of cervical treatment trials. The request for NCV of the bilateral upper extremities was denied citing a lack of documentation of conservative treatment trials, evidence of progressive and/or severe neurologic findings. The request for an in-home TENS Unit and hot and cold wrap was denied citing a lack of documentation of medical necessity. The request for cervical pillow and cervical collar with gel was denied citing a lack of documentation of post-surgical state. The request for chiropractic and/or physical therapy (12 sessions) was modified for 2 sessions citing a lack of documentation of the medical necessity for the requested quantity of sessions. Per the report dated April 24, 2014, the treating physician noted complaints of pain to the right thumb and neck. Exam findings included neck extension to 25 and flexion to 25 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI of the cervical spine is not medically necessary. The California MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met. Therefore, the requested MRI of the cervical spine is not medically necessary.

Electromyography (EMG) of the Right Wrist: Upheld

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): 268-269, 272-273.

Decision rationale: The requested electromyography (EMG) of the right wrist is not medically necessary. The California MTUS ACOEM Practice Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 268-269, 272-273; note that "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification." The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented sufficient physical exam evidence of nerve entrapment, nor recent conservative treatment trials. The criteria noted above not having been met. Therefore, the requested EMG of the right wrist is not medically necessary.

Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremities: Upheld

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): 268-269, 272-273.

Decision rationale: The requested NCV of the bilateral upper extremities is not medically necessary. The California MTUS ACOEM Practice Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 268-269, 272-273; note that "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification." The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented sufficient physical exam evidence of nerve entrapment, nor recent conservative treatment trials. The criteria noted above not having been met. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.

In-Home TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested in-home TENS Unit is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented a current rehabilitation program, or functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met. Therefore, the requested in-home TENS Unit is not medically necessary.

Hot & Cold Wrap: Upheld

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): 174.

Decision rationale: The requested hot and cold wrap is not medically necessary. The California MTUS ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, page 174, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met. Therefore, the requested hot and cold wrap is not medically necessary.

Cervical Collar with Gel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute & Chronic, Cervical Collar

Decision rationale: The requested cervical collar with gel is not medically necessary. The California MTUS is silent, and Official Disability Guidelines (ODG), Neck and Upper Back, Acute & Chronic, Cervical Collar, note "Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion." The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented current post-fusion status. The criteria noted above not having been met. Therefore, the requested cervical collar with gel is not medically necessary.

Cervical Pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute & Chronic, Cervical Collar

Decision rationale: The requested cervical pillow is not medically necessary. The California MTUS is silent, and Official Disability Guidelines (ODG), Neck and Upper Back, Acute & Chronic, Cervical Collar, note "Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion." The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented current post-fusion status. The criteria

noted above not having been met. Therefore, the requested cervical pillow is not medically necessary.

Chiropractic or Physical Therapy x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The requested chiropractic and/or physical therapy (12 sessions) is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the right thumb and neck. The treating physician has documented neck extension to 25 and flexion to 25 degrees. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence; nor is there documented medical necessity for additional trials of chiropractic therapy beyond the guideline-recommended trial of 6 sessions. The criteria noted above not having been met. Therefore, the requested chiropractic and/or physical therapy (12 sessions) is not medically necessary.