

<b>Case Number:</b>	CM15-0010471		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 (IW) is a 50year old female, who sustained a work/ industrial injury as an intermediate clerk on 8/27/07. A Qualified Medical Exam dated 11/14/2014 reports symptoms of pain in the wrists, neck, and back that radiates. The pain was reported to interfere with activities of daily living (ADL's). Examination of the wrists revealed nonspecific tenderness bilaterally. Tinel's test was positive for both wrists and Finklestein's test was positive on the right. There was slight decrease in range of motion. Cervical ranges of motion were full and reflexes were normal. There was tenderness, muscle guarding and spasm bilaterally from C1-T1. Palpation revealed minimal spinal tenderness radiating into the right arm. Lumbar exam revealed positive Kemp's test bilaterally and positive straight leg raise bilaterally with pain along the sciatic distribution. There was tenderness and spasm bilaterally from T12-S1. Palpation at S1 showed mild spinal tenderness and spasm radiating to the right hip and leg and tenderness at the right sacroiliac joint on the right. Treatment plan included an EMG/NCV to rule out nerve root entrapment, an MRI of the cervical spine for comparison from previous study, refills for Tramadol, Soma, work station ergonomic evaluation, and chiropractic care. The diagnoses have included cervical spine strain/sprain, myofascial lumbar spine strain/sprain, bilateral rotator cuff tendonitis, disc bulge at L2-L3, L3-L4, L4-L5, and L5-S1. Treatment to date has included rest, activity modification, and medication. The Injured Worker was declared fit to return to full work with no limitations on 11/17/2014. On 12/19/14, Utilization Review (UR) non-certified requests for a cervical spine MRI without contrast, electro-conduction studies (EMG/NCV) of bilateral upper and lower extremities, prescriptions for Tramadol and, Soma and ergonomic work station

evaluation. UR modified a request for Chiropractic treatments. California Medical treatment Utilization was cited in support of the decisions.

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

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

#### **Chiropractic treatment 2x4: 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 & manipulation Page(s): 58-60.

**Decision rationale:** CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is assumed this request is for first time chiropractor evaluation and treatment. Documentation does not support the Injured Worker has previously undergone such treatments. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. It is unclear from documentation, what body part the chiropractor care is intended to treat. Nonetheless, a trial of 6 visits over 2 weeks with evidence of functional improvements. The request for 8 visits exceeds this recommendation. The request for 2x4 chiropractic treatment is not medically necessary.

#### **Closed MRI cervical spine without contrast: 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): 171-172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

**Decision rationale:** CA MTUS ACOEM guidelines recommends magnetic resonance imaging (MRI) studies for cases red-flag diagnoses, cervical nerve root compression with radiculopathy, spinal stenosis, or postlaminectomy syndrome. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The Injured Worker previously had a cervical MRI. Documentation does not support significant changes in subjective complaints of objective findings. There is not documentation of new injuries or adjustments to analgesic medication. The request for a cervical MRI is not medically necessary.

#### **EMG/NCV bilateral upper and lower extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand: electrodiagnostic studies.

**Decision rationale:** CA MTUS recommends electrodiagnostic testing to help diagnose and differentiate carpal tunnel syndrome and cervical radiculopathy. The recommendation is for a nerve conduction study first, but electromyography testing for complex cases. The ODG recommends "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography." The documents does not document sensory and motor weakness in each of the extremities. Without these deficits documented on examination, the request for testing in all four extremities, and the request for both EMG and NVC testing make the request not medically necessary.

**Tramadol 50mg #120 with 4 refills:** 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 Opioids for neuropathic pain Page(s): 82-83.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommend for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the Injured Worker response to each medication. There is not discussion of the Injured Worker functional status in relation to the different medications. It is unclear how long the Injured Worker has been taking Tramadol. The chart does not include urine drug screens. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

**Soma 350mg #120 with 4 refills:** 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 Carisoprodol Page(s): 29.

**Decision rationale:** According to CAMTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long term use. Medical records support the Injured Worker has been taking this medication for a minimum of 3 months. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

**Ergonomic work station:** 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;; Forearm, Wrist & hand: Ergonomics.

**Decision rationale:** ODG guidelines state that the use of ergonomics is under study. In addition, recommendations state "here was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors." As the use of ergonomics are not recommended and are under study for cervical and upper extremity conditions, the request for an ergonomic work station is not medically necessary.