

Case Number:	CM15-0131420		
Date Assigned:	07/17/2015	Date of Injury:	09/30/2008
Decision Date:	10/05/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 46-year-old female, who sustained an industrial injury on 9/30/08. Initial complaints were of her back and neck. The injured worker was diagnosed as having chronic pain syndrome; cervical facet syndrome; lumbar facet syndrome; chronic cervical strain with upper extremity radicular complaints; chronic lumbosacral sprain with lower extremity radicular complaints; status post bilateral carpal tunnel release (2012). Treatment to date has included chiropractic therapy; physical therapy; bracing; medications. Diagnostics studies included MRI lumbar spine (2/2/09; 6/25/12; 5/11/15; MRI cervical spine (6/25/12); MRI left shoulder (2/17/11; 4/30/15); MRI right shoulder (2/17/11; 4/29/15); 4/29/15); EMG/NCV study upper extremities (12/19/13); x-ray cervical and lumbar spine (5/15/14); MRI/MR Arthrogram right wrist (6/9/14); x-ray right wrist (8/4/14). Currently, the PR-2 notes dated 5/22/15 is hand written for the most part and difficult to decipher. The notes indicated the injured worker complains of cervical spine pain rated at 7/10 that is a constant ache. The pain is documented as radiating to the bilateral shoulders. A consult is scheduled with another provider. The lumbar spine also has constant pain rated at 7-9/10 with radiation to the bilateral lower extremities right worse than the left. She has weakness in the legs. The bilateral shoulder pain is noted as sharp and rated at 7/10. She also has bilateral elbow and wrist pain. A MRI of the lumbar spine was completed on 5/11/15 with an impression revealing an unremarkable MRI examination of the lumbar spine with no disc protrusion or central canal narrowing. There is no compression fracture or marrow edema. Incidental note is made of a 1.8mm T2 hyperintense mass involving the right adnexa region, which may represent an ovarian cyst. Further evaluation with a pelvic ultrasound imaging is recommended. Also, a MRI of the right shoulder was completed on 4/29/15

with an impression revealing mild tenosynovitis of the long head of the biceps tendon and mild tendinopathy of the supraspinatus tendon with no rotator cuff tear. A MRI of the left shoulder was completed on 4/30/15 with an impression revealing tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear; mild arthropathy of the acromioclavicular joint and there is no fracture or dislocation. The provider is requesting authorization of MRI of the lumbar spine; EMG/NCV study of the bilateral wrist; pain management consultation; physical therapy 12 sessions and Norco 7.5mg #60. Additionally, the provider has requested authorization for one NCV/EMG of the bilateral wrist and unknown number of sessions for physical therapy, which his reviewed as bundled by the Utilization Reviewer due to the similar requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: 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 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. This patient has already completed 12 sessions of physical therapy. There is no documentation of objective functional improvement. Twelve sessions of physical therapy is not medically necessary.

One NCV/EMG of the bilateral wrists: Upheld

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

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), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. This patient

has already been diagnosed and treated for carpal tunnel syndrome. One NCV/EMG of the bilateral wrists is not medically necessary.

Norco 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 7.5mg #60 is not medically necessary.

One pain management consultation: 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 Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. This patient does not meet the criteria for the service requested. One pain management consultation is not medically necessary.

MRI of the lumbar spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of

tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of the lumbar spine and bilateral shoulders is not medically necessary.

Unknown physical therapy 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 Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. Unknown physical therapy sessions is not medically necessary.

One EMG/NCV of the bilateral wrists: Upheld

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

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), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. This patient has already been diagnosed and treated for carpal tunnel syndrome. One NCV/EMG of the bilateral wrists is not medically necessary.