MAXIMUS Federal Services

Case Number:	CM15-0137147		
Date Assigned:	07/27/2015	Date of Injury:	02/01/2010
Decision Date:	09/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on February 1, 2010 while working as an assembler. The injury occurred when the injured worker was holding a galley while a co-worker was tying it up. The co-worker released the galley and it fell and struck the injured worker on the right side of the head, neck and right shoulder. The diagnoses have included lumbar spine herniated nucleus pulposus, right shoulder impingement syndrome, left shoulder rotator cuff tear, bilateral ulnar neuritis, bilateral carpal tunnel syndrome, cervical strain, cervical spondylosis, cervical spine discogenic disease, lumbar spine radiculitis, insomnia, anxiety and neurosis. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies (12-17-2013), epidural steroid injections, trigger point injections, physical therapy, wrist splints, home exercise program, left shoulder surgery in 2014 and right shoulder surgery on April 28, 2015. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 15, 2015 notes that the injured worker was noted to be improving since having right shoulder surgery in April of 2015. The injured worker reported increased cervical pain with intermittent radicular symptoms in the upper extremities. The injured worker also noted having bilateral elbow pain with numbness over two fingers in both hands worse on the left hand and low back pain. Examination of the cervical spine revealed tenderness to palpation and a decreased range of motion. Bilateral shoulder examination revealed tenderness to palpation over the right shoulder and a decreased range of motion bilaterally. A Tinel's sign was positive in the right elbow. Bilateral hand examination revealed mild wasting of the thenar eminence bilaterally and a mildly positive Tinel's test in the right wrist. Lumbar spine examination revealed tenderness to palpation over

the paravertebral muscles, spasms and guarding. Neurological examination was unchanged in the lower extremities. The treating physician's plan of care included requests for Norco 5-325 mg # 60, a spine-surgical-evaluation regarding the cervical spine and lumbar spine and electromyography-nerve conduction velocity studies of the upper extremities to rule out radiculitis, ulnar nerve neuritis and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydorocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydorocodone/acetaminophen) is not medically necessary.

Spine surgical evaluation regarding cervical & lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter states the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical

assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In the case of this injured worker, the rationale for a consultation with a spine surgeon is appropriate because there is documentation of continued spine-based pain, neurologic dysfunction, and functional impairment despite multiple conservative therapeutic approaches. A consultation with a surgeon is appropriate to discuss potential surgical approaches to address this injured worker's pathology. This request is medically necessary.

EMG/NCV upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: "Regarding the request for repeat EMG and nerve conduction study of bilateral upper extremities, ACOEM Practice Guidelines state that the electromyography and nerve conduction study may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has had a prior EMG study showing findings consistent with carpal tunnel syndrome. It is unclear how the patient's symptoms have changed since the last exam to warrant to a repeat study at this time. As such, the currently requested EMG and nerve conduction study of bilateral upper extremities is not medically necessary."