

Case Number:	CM15-0146832		
Date Assigned:	08/07/2015	Date of Injury:	07/24/2014
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/28/2015

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 36 year old female who sustained an industrial injury on 7-24-14. In a visit note dated 7-21-15, the treating physician reports complaints of neck and right shoulder pain. Pain is rated at 7 out of 10 with medications and 9 out of 10 without medications. Poor quality of sleep is noted. She reports that her activity level has decreased. She has started physical therapy and the spasms have improved. The injured worker has failed on Vicodin due to side effects. Cervical spine range of motion is restricted and limited by pain. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. Cervical facet loading is positive on the right side. The right shoulder has restricted range of motion of flexion to 145 degrees and abduction to 125 degrees and is limited by pain. Tenderness to palpation is noted in the biceps groove and subdeltoid bursa. Light touch sensation is decreased over the little finger on the right side. Hoffmans' sign is positive on both sides. Work status is noted as modified duty. History and physical exam are consistent with right cervical radiculopathy, chronic right shoulder pain with anterior labral tear, myofascial strain and spasms, and depressed mood caused by chronic pain due to industrial injury. Previous treatment includes physical therapy for the neck, shoulder physical therapy just started, MRI of the cervical spine 9-18-14 and MRI of the joint upper extremity 11-4-14. A CURES report was reviewed 5-2015 and a urine drug screen is consistent. It is noted that she should be evaluated by a pain psychologist for evaluation for cognitive behavioral therapy for pain coping skills training. The treatment plan is to start Gabapentin , continue Flexeril, continue Ibuprofen, physical therapy right shoulder, if fails physical therapy- consider Cortisone injection, evaluation by a pain psychologist, and repeat right upper extremity electromyography-nerve conduction study to rule out radiculopathy versus peripheral nerve entrapment. The requested treatment is electromyography-nerve conduction study of the right upper extremity and referral to a pain management psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268 - 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCS, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, 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's neurological symptoms are said to be improving. On exam, neurological findings consist of decreased sensation of the fifth digit on the right and multiple Waddell's signs are noted to be positive. Thus, there is no clear evidence of neurological dysfunction to support additional testing with electrodiagnostic studies. In the absence of such documentation, the currently requested EMG/NCS is not medically necessary.

Referral to a pain management psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127.

Decision rationale: Regarding the request for psychological referral, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are no symptoms /findings suggestive of psychological pathology to support the need for consultation. In the absence of clarity regarding those issues, the currently requested psychological referral is not medically necessary.

