

Case Number:	CM15-0162989		
Date Assigned:	08/31/2015	Date of Injury:	10/03/2012
Decision Date:	10/19/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, Michigan

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 42 year old female who sustained an industrial injury on 10-3-12. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having cervical degenerative disc disease, cervical herniated nucleus pulposus, thoracic degenerative disc disease, right shoulder impingement, and right carpal tunnel syndrome. Currently, the injured worker reported right hand swelling, numbness, increased stiffness, limited range of motion and decreased activities of daily living. Previous treatments included oral pain medication and muscle relaxant. Previous diagnostic studies included a magnetic resonance imaging of the thoracic spine (July 2015) revealing mild dextroscoliosis, mild disc space narrowing and variable disc desiccation, magnetic resonance imaging of the cervical spine (July 2015) revealing disc desiccation. Work status was noted as remain off work. The injured workers pain level was not noted. Physical examination was notable for decreased sensation at C6, decreased range of motion and kyphosis. The plan of care was for chiropractic services with modalities and exercises 2 X 6, massage 2 X 6, electromyography upper extremity, magnetic resonance imaging of the left shoulder and Norco 5-325 milligrams quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro services with modalities and exercises 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for chiropractic services with modalities and exercises 2 X 6 which the UR modified to chiropractic services with modalities and exercises for 6 visits. Currently, the injured worker reported right hand swelling, numbness, increased stiffness, limited range of motion and decreased activities of daily living. CA MTUS recommends manual therapy & manipulation for chronic pain caused by musculoskeletal conditions stating, "The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." As such, the request for chiropractic services with modalities and exercises 2 X 6 is not medically necessary and the modification to chiropractic services with modalities and exercises for 6 visits is appropriate.

Massage 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The request is for massage 2 X 6 which the UR modified to massage 6 visits. Currently, the injured worker reported right hand swelling, numbness, increased stiffness, limited range of motion and decreased activities of daily living. CA MTUS recommendations state that Massage Therapy is "Recommended as an option...should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain." As such, the request for massage 2 X 6 is not medically necessary and the modification to massage 6 visits is appropriate.

EMG upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Carpal Tunnel Syndrome (CTS), Electromyography (EMG).

Decision rationale: The request is for electromyography upper extremity. Currently, the injured worker reported right hand swelling, numbness, increased stiffness, limited range of motion and decreased activities of daily living. CA MTUS ACOEM recommendations state that electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions. ODG recommendations state that electromyography is "Recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies, which include nerve conduction studies (NCS). There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies." There was no provider documentation of objective findings of numbness, tingling, decreased grip strength or decreased sensation in the bilateral upper extremities. As such, the request for electromyography upper extremity is not medically necessary.

MRI left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for magnetic resonance imaging of the left shoulder. Currently, the injured worker reported right hand swelling, numbness, increased stiffness, limited range of motion and decreased activities of daily living. ACOEM recommendations state that magnetic resonance imaging of the shoulder is recommended when surgery is being considered, in the case of rotator cuff tear, impingement syndrome, tumors, infections and when documentation of physical findings consistent with those limitations exist in order to evaluate for possible red flag conditions. Provider documentation does not state a new injury, significant change in symptoms, neurologic deficits, or red flags to require an updated magnetic resonance imaging. As such, the request for magnetic resonance imaging of the left shoulder is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for Norco 5-325 milligrams quantity of 90. Currently, the injured worker reported right hand swelling, numbness, increased stiffness, limited range of motion and decreased activities of daily living. CA MTUS guidelines state, "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Documentation does not give evidence of the efficacy of this medication for the injured workers discomfort. In addition, there is no documentation of close monitoring including a pain contract and urine drug screen. As such, the request for Norco 5-325 milligrams quantity of 90 is not medically necessary.