

Case Number:	CM15-0167235		
Date Assigned:	09/11/2015	Date of Injury:	12/05/2014
Decision Date:	10/28/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/25/2015

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: Internal 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 35-year-old female who sustained an industrial injury on 12-05-2014. Current diagnoses include contusion and sprain of right thumb CMC joint with persistent pain, numbness, weakness, right hand strain-sprain, cervical spine sprain-strain (compensable), right shoulder sprain-strain (compensable), gastritis due to medications, sleep disturbance, stress, anxiety, and depression. Report dated 05-28-2015 noted that the injured worker presented with complaints that included right upper extremity radicular pain with numbness, tingling, and weakness, right shoulder pain with popping and clicking, right thumb-hand pain with numbness, tingling, and weakness, and gastrointestinal upset with ibuprofen. Pain level was 5 (right upper extremity), 5 (right shoulder), and 3 (right thumb-hand) out of 10 on a visual analog scale (VAS). The physician noted that there has been no change in physical examination since prior visit on 04-21-2015. Previous treatments included medications, physical therapy, and acupuncture. The injured worker stated that physical therapy and acupuncture have helped to decrease pain and increase strength. The treatment plan included requests, for physical therapy, acupuncture, EMG-NCV study due to right upper extremity pain, numbness, tingling, and weakness, rule out carpal tunnel syndrome-cervical radiculopathy, prescribed ibuprofen and Prilosec, requests for internal medicine consultation due to shortness of breath with anxiety, and psychiatric-psychological consultation for stress, anxiety, depression, and sleep disturbance. The utilization review dated 07-23-2015, non-certified the request for acupuncture cervical spine, right shoulder, right hand-thumb, 6 visits, EMG right upper extremity, EMG left upper extremity, NCS right upper extremity, NCS left upper extremity, consult psychiatry-psychology,

and ibuprofen 600mg, #60 based on "no supportive documentation, an attempt was made to obtain medical documentation to support these referral requests. As there has been no communication or documentation received to support these requests, the medication, EMG-NCV, or psychiatric-psychological consult request cannot be approved and will be denied."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical spine, right shoulder, right hand/thumb Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Per MTUS, acupuncture is under study for upper back, but not recommended for neck pain. Per MTUS, Acupuncture can be used to reduce pain and inflammation, increase blood flow and range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. MTUS recommends Acupuncture as an option for rotator cuff tendinitis, as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS however, does not recommend acupuncture for the treatment of neck pain. With guidelines not being met, the request for Acupuncture cervical spine, right shoulder, right hand/thumb Qty: 6.00 is not medically necessary.

EMG Right upper extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electro diagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electro diagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electro diagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. Documentation reveals that the injured worker complains of right upper extremity radicular pain with associated numbness, tingling, and

weakness. Physician report at the time of the requested service fails to indicate objective clinical findings consistent with cervical radiculopathy. The medical necessity for EMG testing has not been established. The request for EMG Right upper extremity Qty: 1.00 is not medically necessary per guidelines.

EMG Left upper extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electro diagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electro diagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electro diagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. Documentation reveals that the injured worker complains of right upper extremity radicular pain with associated numbness, tingling, and weakness. Physician report at the time of the requested service fails to indicate objective clinical findings consistent with cervical radiculopathy. The medical necessity for EMG testing has not been established. The request for EMG Left upper extremity Qty: 1.00 is not medically necessary per guidelines.

NCS Right upper extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: MTUS states that electro diagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electro diagnostic studies are negative, tests may be repeated later in the course of

treatment if symptoms persist. ODG recommends nerve conduction studies (NCS) in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. Documentation reveals that the injured worker complains of right upper extremity radicular pain with associated numbness, tingling, and weakness. Physician report fails to address if the injured worker is a candidate for surgery and there is lack of detailed objective physical examination findings provided that would be consistent with CTS. The request for NCS Right upper extremity Qty: 1.00 is not medically necessary per guidelines.

NCS Left upper extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: MTUS states that electro diagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electro diagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends nerve conduction studies (NCS) in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. Documentation reveals that the injured worker complains of right upper extremity radicular pain with associated numbness, tingling, and weakness. Physician report fails to address if the injured worker is a candidate for surgery and there is lack of detailed objective physical examination findings provided that would be consistent with CTS. The request for NCS Right upper extremity Qty: 1.00 is not medically necessary per guidelines.

Consult Psychiatry-psychology Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational medicine practice guidelines, Chapter 7, Page 127 - Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment.

Decision rationale: Per MTUS guidelines, Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. If pain is sustained in

spite of continued therapy, including psychological care, intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. Documentation shows that the injured worker is being referred for stress, anxiety, depression, and sleep disturbance. Physician report fails to provide details regarding symptoms or prior psychological treatment to establish the medical necessity for formal psychiatry consultation. The request for Consult Psychiatry-psychology Qty: 1.00 is not medically necessary.

Ibuprofen 600mg Qty: 60.00: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. Documentation shows that the injured worker has gastritis due to medications. Furthermore, physician report fails to demonstrate acute exacerbation or significant improvement in the injured worker's chronic pain on current medication regimen. With MTUS guidelines not being met, the request for Ibuprofen 600mg Qty: 60.00 are not medically necessary.