

Case Number:	CM15-0167661		
Date Assigned:	09/08/2015	Date of Injury:	03/08/2013
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of March 8, 2013. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the left upper extremity and 6 sessions of pain management counseling. The claims administrator did partially approve a pain management evaluation. The claims administrator referenced a July 27, 2015 progress note and an RFA form dated August 8, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 27, 2015 progress note, the applicant reported ongoing complaints of shoulder pain with a recent flare in pain complaints, it was reported in one section of the note. The note was difficult to follow as it mingled historical issues with current issues. The applicant was on Mobic, Tylenol, and Voltaren gel, it was reported. The applicant's primary pain generator was the shoulder, it was stated toward the top of the note. The note was very difficult to follow as, in one section of the note, it was stated that the applicant was working full time while another section of the note stated that the applicant was receiving State Disability Insurance (SDI) benefits. The applicant was described as having had shoulder MRI imaging of May 6, 2015 demonstrating adhesive capsulitis, supraspinatus tendinosis, and labral tear. The attending provider sought authorization for electrodiagnostic testing to evaluate alleged ulnar neuropathy. There was, however, no mention of the applicant's having paresthesias in either the review of systems section of the note or the History section of the note. There was little-to-no mention of the applicant's elbow pain complaints. The attending provider then stated at the bottom of the

note that electrodiagnostic testing was being ordered to evaluate for cervical radiculopathy and/or ulnar neuropathy. Six sessions of pain management counseling were sought. There was no mention of whether or not the applicant had or had not had prior pain management counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic) Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

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

Decision rationale: No, the request for electrodiagnostic testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the shoulder, it was suggested on July 27, 2015. The applicant reported a primary pain complaint of left shoulder pain, it was acknowledged on that date. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that EMG or NCV testing is deemed not recommended as part of a shoulder evaluation for usual diagnosis. Here, the attending provider did not clearly why electrodiagnostic testing was being sought here in the face of the unfavorable ACOEM position on the same for the body part in question, the shoulder. While the attending provider stated at the bottom of the note that he was ordering electrodiagnostic testing to rule out cervical radiculopathy and/or ulnar neuropathy, the attending provider's documentation did not establish a clear suspicion of either consideration. There was no mention of the applicant's having neck pain complaints on the July 27, 2015 progress note at issue. there was no mention of the applicant's having issues with paresthesias in either the History or Review of Systems section of said July 27, 2015 progress note. Therefore, the request was not medically necessary.

Pain management counseling 1x week x 6 weeks: 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): Behavioral interventions.

Decision rationale: Similarly, the request for 6 sessions of pain management counseling was not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend behavioral interventions such as the pain management counseling at issue here, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that cognitive behavioral therapy/psychotherapy/pain management counseling should initially be delivered via a 3- to 4-

session trial of psychotherapy. Here, the request, thus, as written, represented treatment in excess of MTUS parameters. The attending provider did not, furthermore, clearly outline on his July 27, 2015 progress note as to whether the claimant had or had not had prior pain management counseling or psychological counseling or cognitive behavioral therapy as of the date of the request. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e with earlier pain management counseling (if any) was not clearly stated. Therefore, the request was not medically necessary.