

Case Number:	CM15-0182093		
Date Assigned:	09/25/2015	Date of Injury:	10/21/2014
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 45 year old female, who sustained an industrial injury on 10-21-14. The documentation on 8-31-15 noted that the injured worker has complaints of pain in her neck and low back with numbness and tingling in her arms and legs. The documentation noted there was sensation to pinprick to both hands were within normal limits. Tinel and Phalen were negative bilaterally and sensation to pinprick decreased right foot and within normal limits to the left foot. The diagnoses have included radiohumeral (joint) sprain. Treatment to date has included physical therapy and sertraline HCL. The documentation noted that the injured worker did not receive nabumetrine or nortriptyline, which was prescribed on July 20, 2015. The original utilization review (9-15-15) non-certified the request for physical therapy times 6 sessions for lumbar spine; electro diagnostic testing to assess right and left carpal tunnel syndrome versus cervical radiculopathy and X-ray of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions for lumbar spine: 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): Physical Medicine, Manual therapy & manipulation.

Decision rationale: The documentation on 8-31-15 noted that the injured worker has complaints of pain in her neck and low back with numbness and tingling in her arms and legs. The documentation noted there was sensation to pinprick to both hands were within normal limits. Tinel and Phalen were negative bilaterally and sensation to pinprick decreased right foot and within normal limits to the left foot. The diagnoses have included radiohumeral (joint) sprain. Treatment to date has included physical therapy and sertraline HCL. The medical records report pain in the lumbar region but do not document specific functional goals for additional 6 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for lumbar sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for additional 6 visits of PT. Therefore, the request is not medically necessary.

Electro diagnostic testing to assess right and left carpal tunnel syndrome vs. cervical radiculopathy: 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), Treatment Index, 11th Edition (web), 2013, Carpal tunnel syndrome chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, EMG.

Decision rationale: The documentation on 8-31-15 noted that the injured worker has complaints of pain in her neck and low back with numbness and tingling in her arms and legs. The documentation noted there was sensation to pinprick to both hands were within normal limits. Tinel and Phalen were negative bilaterally and sensation to pinprick decreased right foot and within normal limits to the left foot. The diagnoses have included radiohumeral (joint) sprain. Treatment to date has included physical therapy and sertraline HCL. ODG guidelines support EMG for guidance when the diagnosis is not clearly radicular or there is progressive neurologic change. Specifically, it may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The medical records do not reflect a condition of increasing neurologic findings regarding numbness in feet, or progressive sensory or motor deficits with noted concern to distinguish peripheral versus central etiologies. These findings do not support the necessity of EMG congruent with ODG to guide determination of etiology and prognosis for treatment consideration. Therefore, the request is not medically necessary.

X-ray of the cervical spine: Overturned

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

Treatment Index, 11th Edition (web), 2013, Neck and Upper Back chapter: Indications for imaging- X-rays (AP, lateral, etc.).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The documentation on 8-31-15 noted that the injured worker has complaints of pain in her neck and low back with numbness and tingling in her arms and legs. The documentation noted there was sensation to a pinprick to both hands were within normal limits. Tinel and Phalen were negative bilaterally and sensation to pinprick was decreased in the right foot and within normal limits to the left foot. The diagnoses have included radiohumeral (joint) sprain. Treatment to date has included physical therapy and sertraline HCL. The medical records provided for review support the insured worker has numbness in hands with treatment greater than 6 weeks and no improvement. Plain films are supported for persistent pain in neck beyond 6 weeks of care. Therefore, the request is medically necessary.