

Case Number:	CM15-0187036		
Date Assigned:	09/29/2015	Date of Injury:	10/19/2012
Decision Date:	11/25/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 51 year old female, who sustained an industrial-work injury on 10-19-12. She reported initial complaints of finger, left elbow, neck, shoulder pain. The injured worker was diagnosed as having cervical disc syndrome, left elbow sprain-strain, left carpal sprain-strain. Treatment to date has included medication, acupuncture, chiropractic manipulation therapy, and physical therapy. MRI results were reported on 7-8-15 of the cervical spine. Currently, the injured worker complains of constant aching and throbbing pain, rated 8 out of 10 and headaches, shooting and throbbing pain in the left elbow, rated 8 out of 10, and left wrist intermittent throbbing pain rated 7 out of 10. Per the primary physician's progress report (PR-2) on 7-6-15, exam noted cervical, left elbow, and left wrist regions having reduced range of motion. The Request for Authorization requested service to include Chiropractic treatment for the left wrist and elbow and the cervical spine twice a week for three weeks, Acupuncture for the left wrist and elbow and cervical spine twice a week for three weeks, NCV (nerve conduction velocity) of the upper left extremity, EMG (electromyography) of the upper left extremity, NCV (nerve conduction velocity test) of the upper right extremity, EMG of the upper right extremity, C3-C4 epidural steroid injection, Prilosec (Omeprazole) DR 20mg #60, 1 tab BID, Norco (Hydrocodone) 5/325mg #60, 1 tab BID, Cyclobenzaprine 7.5mg #60, 1 tab BID. The Utilization Review on 8-26-15 denied the request for Chiropractic treatment for the left wrist and elbow and the cervical spine twice a week for three weeks, Acupuncture for the left wrist and elbow and cervical spine twice a week for three weeks, NCV of the upper left extremity, EMG of the upper left extremity, NCV of the upper right extremity, EMG of the upper right extremity, C3-4

epidural steroid injection, Prilosec (Omeprazole) DR 20mg #60, 1 tab BID. Yes, Norco (Hydrocodone) 5/325mg #60, 1 tab BID, Cyclobenzaprine 7.5mg #60, 1 tab BID, per CA MTUS (California Medical Treatment Utilization Schedule), Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the left wrist and elbow and the cervical spine twice a week for three 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): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. This patient has completed prior sessions of chiropractic care and significant objective functional improvement was not noted in the records. Chiropractic treatment for the left wrist and elbow and the cervical spine twice a week for three weeks is not medically necessary.

Acupuncture for the left wrist and elbow and cervical spine twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Acupuncture for the left wrist and elbow and cervical spine twice a week for three weeks is not medically necessary.

NCV of the upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. NCV of the upper left extremity is not medically necessary.

EMG of the upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG of the upper left extremity is not medically necessary.

NCV of the upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. NCV of the upper right extremity is not medically necessary.

EMG of the upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG of the upper right extremity is not medically necessary.

C3-C4 epidural steroid injection: Upheld

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

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

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. C3-C4 epidural steroid injection is not medically necessary.

Prilosec (Omeprazole) DR 20mg #60, 1 tab BID: 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, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec (Omeprazole) DR 20mg #60, 1 tab BID is not medically necessary.

Norco (Hydrocodone) 5/325mg #60, 1 tab BID: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco (Hydrocodone) 5/325mg #60, 1 tab BID is not medically necessary.

Cyclobenzaprine 7.5mg #60, 1 tab BID: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 7.5mg #60, 1 tab BID is not medically necessary.