MAXIMUS Federal Services

Case Number:	CM15-0203447		
Date Assigned:	10/20/2015	Date of Injury:	09/17/2008
Decision Date:	12/29/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/15/2015

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 44 year old female, who sustained an industrial injury on 9-17-08. The injured worker was diagnosed as having muscle spasms; cervical pain; low back pain; shoulder pain. Treatment to date has included physical therapy; chiropractic therapy; medications. Diagnostics studies included MRI left shoulder (9-14-15). Currently, the PR-2 notes dated 9-17-15 indicated the injured worker was in the office for a follow-up visit for complaints of neck pain and lower backache. The provider documents her pain without medications as "4 on a scale of 1 to 10". She reports no new problems or side-effects and her quality of sleep is fair. She notes her activity level has remained the same. The provider lists her medications as: Flector 1.3% patch; Lidoderm 5% patch; Voltaren 1% gel; Aspirin 81mg; Atorvastatin, Bupropion; Dicylcomine; Famotidine; Glipizide; Hydrochlorothiazide; losartan; Metformin; Omeprazole; Prevalite and Zyrtec. She reports she has no surgical history. On physical examination, the provider documents "Cervical spine range of motion is restricted with flexion and extension limited to 30 degrees due to pain. Tenderness is noted at the rhomboids and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Adson's test is negative. Lumbar spine range of motion is restricted with flexion 60 degrees and extension 10 degrees limited by pain. On palpation, paravertebral muscles, tenderness and tight muscle bad is noted on both sides. Heel toe walk is normal. Lumbar facet loading is positive on the left side. Stretch piriformis was negative. Straight leg raising test is positive on the left side in sitting at 60 degrees. Babinski's sign is negative. Left shoulder movements are restricted with flexion and abduction limited both to 110 degrees due to pain. Hawkin's and Neer's test are positive." The provider's treatment plan

notes the injured worker has had conservative treatment of 23 sessions of physical therapy with no relief and 24 sessions of chiropractic therapy with excellent pain relief. He is requesting acupuncture and massage therapy 6 sessions each, TENS unit for address pain and avoid medications and MRI cervical spine and EMG-NCV study bilateral upper extremities which have been requested before and denied by Utilization Review. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 10-13-15 and non-certification for MRI of the cervical spine; EMG-NCS bilateral upper extremities; TENS unit and Orthopedic surgeon consult. A request for authorization has been received for MRI of the cervical spine; EMG-NCS bilateral upper extremities; TENS unit and Orthopedic surgeon consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (indefinite use) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS, CMS: The use of TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

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

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. Documentation provided does not indicate that the TENS unit is being prescribed as an adjunct to a specific functional restoration program. The request for TENS unit (indefinite use) #1 is not medically necessary by MTUS.

Cervical spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to

treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for Cervical spine MRI is not medically necessary per guidelines.

EMG of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back 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 electrodiagnostic 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 electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic 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. The injured worker complains of ongoing radicular neck pain. Documentation fails to show objective clinical findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG of the Right Upper Extremity is not medically necessary per guidelines.

EMG of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back 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 electrodiagnostic 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 electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic 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. The injured worker complains of ongoing radicular neck pain. Documentation fails to show objective clinical findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG of the Left Upper Extremity is not medically necessary per guidelines.

NCS of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back 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 electrodiagnostic 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 electrodiagnostic 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 fails to show objective clinical findings of specific nerve compromise or signs of Carpal Tunnel Syndrome, to establish the medical necessity of NCV. The request for NCS of the Right Upper Extremity is not medically necessary per guidelines.

NCS of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back 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 electrodiagnostic 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 electrodiagnostic 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 fails to show objective clinical findings of specific nerve compromise or signs of Carpal Tunnel Syndrome, to establish the medical necessity of NCV. The request for NCS of the Left Upper Extremity is not medically necessary per guidelines.

Orthopedic surgeon consultation #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92 MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker complains of multiple joint, including left shoulder pain. At the time of the requested service under review, physician report indicates a shoulder MRI is being recommended and optional treatment plan is being initiated. Furthermore, documentation fails to demonstrate acute exacerbation of symptoms. Not having been reassessed by the primary treating physician to determine clinical outcome of most recent treatment plan or test result, the medical necessity for Orthopedic consultation is not established. The request for Orthopedic surgeon consultation #1 is not medically necessary.