

Case Number:	CM15-0207384		
Date Assigned:	10/26/2015	Date of Injury:	08/30/2010
Decision Date:	12/31/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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 53 year old female, who sustained an industrial injury on 8-30-10. Medical records indicate that the injured worker is undergoing treatment for cervical degenerative disc disease, lumbar degenerative disc disease, bilateral epicondylitis medially and laterally, chronic pain syndrome and wrist joint inflammation and carpometacarpal joint inflammation bilaterally. The injured worker is currently not working. On (9-22-15) the injured worker complained of neck, back and upper extremity pain. Objective findings revealed tenderness along the shoulder girdle musculature with spasm bilaterally. Tenderness was also noted along the sacroiliac joint on the left side and along the medial epicondylar surface more on the right than the left, but not to stretch or resisted function. The injured worker had a positive reverse Phalen's test at the index finger on the left. Lumbar flexion was 30 degrees and extension 20 degrees with facet loading being positive. Treatment and evaluation to date has included medications, MRI of the cervical spine, trigger point injections, sacroiliac injection, a back brace, transcutaneous electrical nerve stimulation unit, neck traction, acupuncture treatments, neck pillow and a hot-cold wrap. The treating physician noted that the injured workers hot-cold wrap and neck pillow were worn out and her transcutaneous electrical nerve stimulation unit is not functioning. Current medications include Celebrex, AcipHex, Tramadol, Flexeril, Effexor, Neurontin and Trazodone. The current treatment requests include a cervical pillow, hot and cold wrap, electromyography-nerve conduction study of the bilateral lower extremities, trigger point injection to the left shoulder and lumbar and a left elbow fluoroscopy with injection of the medial epicondyle. The Utilization Review documentation dated 9-30-15 non-certified the

requests for a cervical pillow, hot and cold wrap, electromyography-nerve conduction study of the bilateral lower extremities and trigger point injection to the left shoulder and lumbar and modified the request for the left elbow injection to the medial epicondyle (original request injection with fluoroscopy).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: hot and cold wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The Official Disability Guidelines recommended cold/heat packs as an option for acute pain. The age of the patient's claim indicates it is well past the acute phase of the injury. Therefore, this request is not medically reasonable at this time. DME: hot and cold wrap is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Pillow.

Decision rationale: The Official Disability Guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. Cervical pillow is not medically necessary.

Trigger point injection left shoulder and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Trigger point injection left shoulder and lumbar is not medically necessary.

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG/NCV of bilateral lower extremities is not medically necessary.

Left elbow fluoroscopy with injection with medial epicondyle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Injections (corticosteroid).

Decision rationale: According to the Official Disability Guidelines, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor; consequently, injection of the epicondyle is not recommended. Left elbow fluoroscopy with injection with medial epicondyle is not medically necessary.