

Case Number:	CM15-0215387		
Date Assigned:	11/05/2015	Date of Injury:	02/25/2000
Decision Date:	12/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/02/2015

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 52-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of February 25, 2000. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral upper extremities, 10 sessions of chiropractic manipulative therapy, and Advil (Motrin). The claims administrator referenced an August 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 28, 2015, electrodiagnostic testing of bilateral upper extremities, 10 sessions of manipulative therapy, and Advil (Motrin) were endorsed. On an associated August 28, 2014 office visit, the applicant reported ongoing issues with neck pain. The applicant was given diagnoses of cervical radiculopathy and carpal tunnel syndrome. Electrodiagnostic testing of bilateral upper extremities was sought to evaluate suspected cervical radiculopathy. Ten sessions of manipulative therapy were sought. The attending provider acknowledged that the applicant had had earlier electrodiagnostic testing which was positive for right-sided cubital tunnel syndrome and bilateral carpal tunnel syndrome. The attending provider noted that the applicant had had cervical MRI imaging demonstrating disk disease and neuroforaminal narrowing at C5-C6 and C6-C7. Advil was also refilled. The attending provider stated that this was beneficial but, once again, did not elaborate further. The applicant's work status was not clearly detailed. The attending provider did state in certain sections of the note that the applicant had issues with bilateral upper extremity paresthesias. The applicant's medications included Mevacor, Zestril, Theramine, Sentra, Zantac, Relafen, Protonix, and Advil, the treating provider reported. In one

section of the note, it was stated that the applicant was using both prescription strength ibuprofen and over-the-counter Advil. The attending provider suggested that the applicant consider an epidural steroid injection if manipulative therapy is proved unsuccessful. The applicant was not working, the treating provider reported in the Employment section of the note, stating that the applicant was currently on Workers' Comp. The note was, however, at times internally inconsistent as one section of the note stated that the applicant had returned to her usual and customary work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: No, the request for electrodiagnostic testing of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed not recommended for a diagnosis of nerve root involvement findings of History, Physical Exam, and Imaging Studies are consistent. Here, the attending provider's August 28, 2015 office visit seemingly suggested that the applicant had known issues with cervical radiculopathy with diskogenic disease and neuroforaminal narrowing present at the C5-C6 and C6-C7 levels, seemingly obviating the need for the EMG component of the request. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing can be repeated later in the course of the treatment in applicants in whom earlier testing was negative, in whom symptoms persist, here, however, the attending provider's August 28, 2015 progress note was notable for commentary to the effect that the applicant already carried established diagnosis of bilateral carpal tunnel syndrome and right-sided cubital tunnel syndrome, electrodiagnostically confirmed, seemingly obviating the need for the EMG component of the request. Since both the EMG and NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request is not medically necessary.

Chiropractic Therapy Cervical Spine QTY 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck &Upper Back (Acute &Chronic) updated 8/25/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Similarly, the request for a 10 sessions of chiropractic manipulative therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return-to-work status, here, however, the applicant's work status was reported in an internally inconsistent manner on the August 28, 2015 office visit at issue, some sections of the note stating that the applicant was working, while other sections of the note stated that the applicant was off of work and receiving Workers' Compensation indemnity benefits. Therefore, the request is not medically necessary.

Advil 200mg #300 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Finally, the request for Advil was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Advil do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, portions of the attending provider's August 28, 2015 progress note were notable for commentary to the effect that the applicant was using both over-the-counter Advil and prescription strength ibuprofen. A clear rationale for concurrent usage of 2 separate anti-inflammatory medications was not, however, furnished here. Therefore, the request is not medically necessary.