

Case Number:	CM15-0224422		
Date Assigned:	11/20/2015	Date of Injury:	01/02/2008
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 36-year-old female, who sustained an industrial injury on January 2, 2008, incurring upper back and neck, lower back and hand injuries. She was diagnosed with cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral carpal tunnel syndrome and mood disorder. Treatment included pain medications, topical analgesic creams, anti-inflammatory drugs, physical therapy, occupational therapy epidural steroid injection, acupuncture and restricted activities. She underwent a left carpal tunnel release in 2008. Currently, the injured worker complained of persistent cervical pain, shoulder pain radiating into the back of her head, neck pain radiating to the arms with numbness and tingling and increased pain in the elbows. She became fatigued and depressed secondary to the chronic pain. Treatment at that times included muscle relaxants, creams, anti-inflammatory drugs, and proton pump inhibitor and pain medications. She noted decreased cervical range of motion, and low back muscle spasms interfering with her daily activities. The treatment plan that was requested for authorization included massage therapy for 12 session; Electromyography Nerve Conduction Velocity studies for the bilateral upper extremities; and a transcutaneous electrical stimulation unit with batteries and supplies. On October 22, 2015, a request for massage therapy, Electromyography and Nerve Conduction Velocity studies and a transcutaneous electrical stimulation unit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Massage.

Decision rationale: The claimant sustained a work injury in January 2008. In May 2015 she was having bilateral upper shoulder pain radiating to the back of her head. She was having cervical spine pain radiating into both arms with numbness and tingling. She was having an aggravation of left wrist and hand pain radiating to the shoulder. She had a history of carpal tunnel release surgery and felt that her symptoms had recurred on the left side. Physical examination findings included positive left Tinel's testing at the elbow and Tinel's and Phalen's testing was positive at the wrist bilaterally. There was decreased bilateral C6 and bilateral median nerve distribution sensation. There was cervical spine tenderness with decreased and painful range of motion with stiffness. Spurling's testing was negative. When seen in October 2015 her left carpal tunnel syndrome was interfering with her ability to sleep. She was using wrist splints at night. She had ongoing depression, anxiety, and fatigue. Physical examination findings were unchanged. Authorization was requested for bilateral upper extremity electro diagnostic testing in preparation for left carpal tunnel release surgery. Providing a TENS, unit, and 12 sessions of massage therapy were also among the requests. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. There is limited evidence for the effectiveness of massage as an add-on treatment for carpal tunnel syndrome. In this case, the number of treatment sessions being requested is in excess of guideline recommendations and not medically necessary.

EMG/NCS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in January 2008. In May 2015, she was having bilateral upper shoulder pain radiating to the back of her head. She was having cervical spine pain radiating into both arms with numbness and tingling. She was having an aggravation of left wrist and hand pain radiating to the shoulder. She had a history

of carpal tunnel release surgery and felt that her symptoms had recurred on the left side. Physical examination findings included positive left Tinel's testing at the elbow and Tinel's and Phalen's testing was positive at the wrist bilaterally. There was decreased bilateral C6 and bilateral median nerve distribution sensation. There was cervical spine tenderness with decreased and painful range of motion with stiffness. Spurling's testing was negative. When seen in October 2015 her left carpal tunnel syndrome was interfering with her ability to sleep. She was using wrist splints at night. She had ongoing depression, anxiety, and fatigue. Physical examination findings were unchanged. Authorization was requested for bilateral upper extremity electro diagnostic testing in preparation for left carpal tunnel release surgery. Providing a TENS, unit, and 12 sessions of massage therapy were also among the requests. Indications for repeat electro diagnostic testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality. (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease; and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has symptoms of left carpal tunnel syndrome and repeat surgery is being considered. Left upper extremity electro diagnostic testing is indicated. However, bilateral upper extremity testing is being requested. For this request, the request is not medically necessary.

TENS Unit Purchase with Batteries/Supplies: Upheld

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

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

Decision rationale: The claimant sustained a work injury in January 2008. In May 2015 she was having bilateral upper shoulder pain radiating to the back of her head. She was having cervical spine pain radiating into both arms with numbness and tingling. She was having an aggravation of left wrist and hand pain radiating to the shoulder. She had a history of carpal tunnel release surgery and felt that her symptoms had recurred on the left side. Physical examination findings included positive left Tinel's testing at the elbow and Tinel's and Phalen's testing was positive at the wrist bilaterally. There was decreased bilateral C6 and bilateral median nerve distribution sensation. There was cervical spine tenderness with decreased and painful range of motion with stiffness. Spurling's testing was negative. When seen in October 2015 her left carpal tunnel syndrome was interfering with her ability to sleep. She was using wrist splints at night. She had ongoing depression, anxiety, and fatigue. Physical examination findings were unchanged. Authorization was requested for bilateral upper extremity electro diagnostic testing in preparation for left carpal tunnel release surgery. Providing a TENS, unit, and 12 sessions of massage therapy were also among the requests. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home- based trial of TENS. Providing a TENS unit for indefinite use without documented benefit during a home based trial is not medically necessary.