

Case Number:	CM15-0031985		
Date Assigned:	02/25/2015	Date of Injury:	05/01/2014
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old female sustained a work related injury on 05/01/2014. According to a psychiatric evaluation dated 11/25/2014, the injured worker was referred for a psychiatric evaluation by the orthopedist. According to the psychiatrist, the diagnosis adjustment disorder with anxiety and depressed mood was given on Axis I as she developed a maladaptive reaction to identifiable work related stressors with symptoms in excess of normal. She also developed panic attacks. Although she had a prior episode of this 12 years ago, she recovered completely and this appeared to be stimulated by the work environment predominantly as a result of her physical limitation and disabilities. As a result there was a preponderance of evidence that actual events of the work place have been predominant in causing a psychiatric disorder, disability and need for treatment. Goal oriented supportive therapy would help her to develop realistic expectations, coping behaviors and resilience to adverse circumstances. Psychotherapy would be indicated for once a week for 12 visits. According to an orthopedic progress report dated 08/05/2014, the injured worker complained of frequent bilateral wrist/hand pain with pain radiating to her elbows and into the fingers. She had cramping and weakness in her hands and had dropped several objects. Sensory examination in the upper extremities revealed a decreased light touch over the bilateral thumb fingers and right index finger. Sensory examination in the lower extremities was intact in all dermatomes bilaterally. Diagnoses included bilateral wrist extensor tendonitis with carpal tunnel syndrome and bilateral heel plantar fasciitis. On 02/04/2015, Utilization Review non-certified Electromyography/Nerve Conduction Velocity of the bilateral upper extremities and re-evaluation with psychiatrist. According to the Utilization Review physician, there was no

documentation of neurological deficits on exam and therefore the request for Electromyography/Nerve Conduction Velocity of the bilateral upper extremities was not medically necessary. CA MTUS ACOEM Practice Guidelines, Neck and Upper Back Complaints Chapter, table 8-8 was referenced. In regard to re-evaluation with psychiatrist, there was no documentation from the psychiatrist as to what transpired on evaluation. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The patient presents with bilateral wrist/hand pain radiating to her elbows and into fingers, rated 7-9/10. The request is for EMG/NCV UPPER EXTREMITIES. Examination of bilateral elbows on 12/05/14 showed positive Tinel's sign at the cubital tunnels of both elbows with pain radiating down the ulnar forearms to the ulnar fingers. Patient had 2/2 sensation throughout bilateral upper extremities. Patient has had a psychiatric evaluation, physical therapy and chiropractic treatments with benefit. Per 10/10/14 progress report, patient's diagnosis include bilateral cubital tunnel syndrome, bilateral plantar fasciitis and depression. Patient's medication, per 12/05/14 progress report includes Voltaren gel. Patient's work status is modified duties. For EMG/NCV, ACOEM guidelines page 262 states: appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In 12/05/14 progress report, treater states, "... I would like to get EMG and NCV tests of bilateral upper extremities to evaluate the ulnar nerve and the median nerve to see if there is any compression at the elbow or the wrist..." There is no documentation that prior electrodiagnostic studies have been done. In this case, the patient has kept reporting constant pain and radiating symptoms in her upper extremities. Given that the patient has not had these tests performed in the past and the patient's continuing radiating symptoms in her upper extremities, the request IS medically necessary.

Re-evaluation with Psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with depression and anxiety. The request is for RE-EVALUATION WITH PSYCHIATRIST. Patient's diagnosis, per 11/25/14 psychiatric evaluation report include adjustment disorder with anxiety and depressed mood with panic attacks, severity of social and environmental stressors: slight, and global assessment of functioning. Patient's medication, per 12/05/14 progress report includes Voltaren gel. Patient's work status is modified duties. ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Treater has not provided a reason for the request. There was no RFA included for the request either. Per 12/05/14 progress report, treater states that patient should follow up with her psychiatrist for the depression issues. Patient had one psychiatric evaluation on 11/25/14 and was diagnosed with adjustment disorder with anxiety and depressed mood with panic attacks, severity of social and environmental stressors: slight, and global assessment of functioning. Per 11/25/14 psychiatric evaluation report, the diagnosis adjustment disorder with anxiety and depressed mood was given on Axis I as she developed a maladaptive reaction to identifiable work related stressors with symptoms in excess of normal and that she subsequently developed panic attacks. In the same report, treater states that psychotherapy would be indicated on an industrial basis because of related symptoms. The ACOEM Guidelines support the referral of patients to to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, given the patient's psychiatric disorders, re-evaluation with psychiatry IS medically necessary.