

Case Number:	CM15-0044386		
Date Assigned:	03/16/2015	Date of Injury:	08/17/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Minnesota, Florida Certification(s)/Specialty: Orthopedic Surgery

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 59 year old female, who sustained an industrial injury on 8/17/2012. The progress notes dated August 5, 2014 document complaints of neck pain and shoulder pain. She also complained of numbness in her hands. EMG and nerve conduction studies were requested. Examination of the cervical spine revealed facet tenderness. A healed scar of prior cervical fusion was noted. Radiculopathy was noted at C5-7 on the right. A follow-up evaluation of September 16, 2014 again documented subjective complaints of neck pain and shoulder pain. She also had numbness in the hands. A comprehensive orthopedic consultation of October 17, 2014 is noted. A slip and fall incident of August 17, 2012 is reported. The subjective complaints at the time of this examination included neck pain status-post surgery with a level of 8/10 associated with numbness and tingling in bilateral upper extremities. She also complained of bilateral shoulder pain rated 6-7/10, bilateral wrist pain rated 6/10 and low back pain rated 3-4/10. Examination of the wrists revealed tenderness to palpation over the carpal bones and over the thenar and hyperthenar eminences. On November 4, 2014 she complained of continued pain in the neck and numbness in her hands Examination of the wrists revealed positive Tinel, Phalen, Durkan compression and grip strength. A right carpal tunnel release was requested. The documentation does not include details of the nerve conduction study although bilateral carpal tunnel syndrome was listed as one of the diagnoses. On a subsequent examination of December 2, 2014 similar findings were noted in both wrists. C5-7 cervical radiculopathy was also noted on the right. A physiatrist qualified medical reexamination of 1/13/2015 is noted. The subjective complaints included neck pain radiating to the occiput and into the shoulders and arms. Pain level was 7-7-1/2/10. She also described constant pain and numbness in the hands. In addition she complained of low back pain. The pain level was 8/10. 12 sessions of physical therapy were prescribed for the neck, shoulders, and back. The documentation does not indicate

any treatment for the carpal tunnel syndrome. An EMG and nerve conduction study of 9/26/2014 was said to reveal evidence suggestive of median nerve entrapment at the wrist, right greater than left, sensory peripheral neuropathy in the lower extremities, and mild C4-5 radiculopathy on the left. The details of the EMG and nerve conduction study or the report have not been submitted. Prior surgical procedures as listed included C5-C6 and C6-7 microdiscectomy and arthrodesis with anterior cervical plating system. Although the documentation indicates that she had failed to respond to conservative measures for the carpal tunnel syndrome, the specific conservative treatment is not mentioned. There is no documentation of thenar atrophy, 2-point discrimination, Katz hand diagram, Flick sign, Semmes Weinstein monofilament test, weak thumb abduction strength, or closed fist sign. A progress report dated February 17, 2015 is submitted. The chief complaint was neck pain and shoulder pain. The neck pain was rated 7-8/10. MRI was pending. Examination of the cervical spine revealed spasm and decreased range of motion with facet tenderness and tenderness to palpation. There was pain at in the C7 distribution on the right. Examination of the left shoulder revealed positive impingement. Range of motion was painful. Examination of bilateral wrists revealed positive Tinel's, Phalen's, and Durkan compression and grip strength. A request for a right carpal tunnel release was noncertified by utilization Review using MTUS and ODG guidelines. Additional requests for Flexeril, Norco, and Cervical MRI were also non-certified. This has been appealed to an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpel tunnel release for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)-Carpel tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 261, 262, 263, 270.

Decision rationale: California MTUS guidelines indicate surgical considerations for failure to respond to conservative management, and clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical intervention. The documentation provided does not include the official EMG and nerve conduction study report. Therefore the degree of prolongation of the distal sensory and motor latencies of the median nerve is not known. Although Tinel's, Phalens, and Durkan's are reported, there is no documentation of thenar atrophy, 2-point discrimination, Katz hand diagram, Flick sign, Semmes Weinstein monofilament test, weak thumb abduction strength, or closed fist sign. There is no conservative treatment documented. There is no documentation of splinting in neutral position, or injections of lidocaine and corticosteroids and the response to such treatment. As such, the criteria for surgical considerations have not been met and the medical necessity of the request for a carpal tunnel release has not been substantiated, and not medically necessary.

Magnetic Resonance Imaging (MRI) w/o contrast of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 179-180, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)-neck and upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck, Topic: Magnetic Resonance Imaging.

Decision rationale: ODG guidelines indicate for the evaluation of the patient with chronic neck pain, plain radiographs should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to magnetic resonance examination, computed tomography myelography is recommended. The documentation indicates that the injured worker underwent an anterior cervical discectomy and fusion at C5-6 and C6-7. Therefore, there is a plate present and a metal artifact is expected. There are no recent plain radiographs with flexion/extension views documented. As such, the guideline requirements for MRI have not been met and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.

Flexeril 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Cyclobenzaprine Page(s): 64.

Decision rationale: California MTUS Chronic Pain Guidelines recommend Cyclobenzaprine for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. As such, the request for cyclobenzaprine 10 mg #90 is not supported and the medical necessity of the request has not been established. Therefore, the request is not medically necessary.

Norco mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) pain chapter Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76, 77, 78.

Decision rationale: The criteria for use of opioids include determination of the pain type, whether nociceptive or neuropathic. Opioids are not generally recommended as first line of therapy for some neuropathic pain. For this reason opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline functional assessment with respect to pain and a pain treatment agreement is recommended. Ongoing management dependence upon prescriptions from a single practitioner, the lowest possible dose, and ongoing review with documentation of pain relief, functional status, and appropriate dosing and side effects. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation provided does not indicate if non-opioids were tried as the first line of therapy. Baseline functional assessment and a pain treatment agreement is not documented. Ongoing management dependence upon prescriptions from a single practitioner, the lowest possible dose and ongoing review is not documented. The 4 A's for ongoing monitoring have also not been documented. In the absence of such documentation, the medical necessity of the request cannot be adequately determined. As such, the guideline

criteria have not been met and the medical necessity of the request for Norco (Unspecified dose # 120) has not been substantiated. Therefore, the request is not medically necessary.