

Case Number:	CM15-0059837		
Date Assigned:	04/06/2015	Date of Injury:	05/22/2014
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 54-year-old [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 22, 2014. In a Utilization Review report dated March 18, 2015, the claims administrator approved MRI imaging of the bilateral shoulders, approved electro diagnostic testing of the bilateral upper extremities, approved tramadol, partially approved a request for an ergonomic workstation as a one-time ergonomic evaluation, denied electro diagnostic testing of bilateral lower extremities, and denied a Keratek analgesic gel. A February 9, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported multifocal complaints of neck, low back, shoulder, wrist, hand, knee, arm, and finger pain reportedly attributed to cumulative trauma at work. The applicant was on tramadol and Naprosyn for pain relief, it was stated. A Keratex analgesic gel was seemingly endorsed. The attending provider framed the request as a first-time request. Wrist bracing and electrodiagnostic testing of bilateral upper extremities were also proposed. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In an earlier report dated February 9, 2015, the applicant reported multifocal complaints of neck pain, shoulder pain, arm pain, elbow pain, wrist pain, hand pain, upper back pain, leg pain, knee pain, ankle pain, and foot pain, apparently attributed to cumulative trauma at work. The applicant had treated elsewhere, it was incidentally noted. The applicant was currently working, the treating provider acknowledged. A Keratex analgesic gel, MRI imaging of the lumbar spine, electro diagnostic testing of the upper and lower extremities and an ergonomically friendly

workstation were proposed. The remainder of the progress note was surveyed. There was no explicit mention of the applicant's attributing her symptoms to an ergonomically unfriendly workstation. The applicant did have issues with depression and anxiety, which were evident during the evaluation, the treating provider acknowledged. The applicant also had issues with superimposed fibromyalgia evident here.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV study of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377.

Decision rationale: No, the request for electro diagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, and page 309 does recommend EMG testing to clarify a diagnosis of suspected nerve root dysfunction, in this case, however, the attending provider himself acknowledged that the applicant's presentation was compatible with (a) fibromyalgia and (b) multifocal pain complaints secondary to cumulative trauma at work. The applicant's presentation was not particularly suggestive or suspicious for a lumbar radiculopathy. Thus, the EMG component of the request is not indicated. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, and page 377 also notes that electrical studies (AKA nerve conduction studies) are 'not recommended' for applicants with foot or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of suspicion of the applicant's carrying a diagnosis of tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc. Thus, the NCV component of the request was likewise not indicated. Since both the NCV and EMG component of the request were not indicated, the request was not medically necessary.

Ergonomic workstation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: Similarly, the request for an ergonomic workstation was likewise not medically necessary, medically appropriate, or indicated here. One of the applicant's primary pain generators here is the bilateral shoulders. While the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 does recommend adjustments to and/or modifications of an applicant's

workstation after an ergonomic assessment, in this case, however, there was no evidence that the applicant had undergone an ergonomic evaluation prior to the request for an ergonomic workstation's being made. The applicant did not, furthermore, seemingly allege on February 9, 2015 that her symptoms were the results of an ergonomically unfriendly workstation. Therefore, the request was not medically necessary.

Kera-Tek gel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Finally, the request for Keratek gel, a salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as the Keratek analgesic gel in question are recommended in the chronic pain context present here. The request in question did seemingly represent a first-time request for Keratek analgesic gel, initiated on February 9, 2015. Therefore, the request was medically necessary.