

Case Number:	CM15-0067024		
Date Assigned:	04/14/2015	Date of Injury:	09/17/2002
Decision Date:	07/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York
 Certification(s)/Specialty: Internal 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 injured worker is a 43 year old male, who sustained an industrial injury on September 17, 2002. The injured worker was diagnosed as having cervical arthroscopy with residual, cervogenic headache, bilateral shoulder strain/sprain and lumbar disc protrusion. Treatment and diagnostic studies to date have included cervical surgery, physical therapy, chiropractic therapy, acupuncture and medication. A progress note dated March 4, 2015 provides the injured worker complains of neck pain radiating to shoulders and arms and back pain radiating to legs. Pain is rated 4-5/10. Physical exam notes cervical and thoracic tenderness. There is positive Hawkin's and Neer's test. The plan includes medication, therapy and diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of radicular neck and back pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol 50mg #60 with 1 refill is not medically necessary.

EMG/NCV right upper extremity QTY 1: Upheld

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): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker is status post neck surgery with ongoing complains of radicular neck pain and clinical signs of cervical radiculopathy. Documentation fails to show objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG/NCV right upper extremity QTY 1 is not medically necessary per guidelines.

EMG/NCV left upper extremity: Upheld

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): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate

between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker is status post neck surgery with ongoing complains of radicular neck pain and clinical signs of cervical radiculopathy. Documentation fails to show objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG/NCV left upper extremity is not medically necessary per guidelines.

EMG/NCV cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electromyography (EMG).

Decision rationale: MTUS states that Electromyography (EMG) and nerve conduction velocities (NCV), may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker is status post neck surgery with ongoing complains of radicular neck pain and clinical signs of cervical radiculopathy. Documentation fails to show objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV of the Cervical Spine. The request for EMG/NCV cervical spine is not medically necessary by MTUS.

Holter Monitoring 24 hrs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/content> <http://www.mayoclinic.org/tests-procedures/holter-monitor/>.

Decision rationale: A Holter monitor is an electrocardiographic recording device used to track a patient's heart rhythm for 24 to 72 hours. Per guidelines, Holter monitoring is indicated in patients with symptoms suggestive of cardiac dysrhythmias (heart rhythm abnormalities). Documentation reveals that the injured worker is being treated for Hypertension. There is lack of evidence demonstrating symptoms suggestive of Cardiac dysrhythmias. The medical necessity for Holter monitoring has not been established. The request for Holter Monitoring 24 hrs is not medically necessary per guidelines.

Extracorporeal Shock Wave Therapy QTY 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: Per guidelines, Extracorporeal Shockwave Treatment (ESWT) is approved for the treatment of Rotator cuff tendonitis associated with calcific deposits in the tendon (calcific tendonitis). It is recommended for use in patients whose pain has remained despite six months of standard treatment and at least three conservative treatments, including rest, ice, NSAIDs, Orthotics, Physical Therapy and Cortisone injections. The injured worker complains of radicular neck and back pain. Documentation fails to demonstrate a diagnosis that fits the criteria for the recommendation of Extracorporeal shock wave therapy (ESWT). The request for Extracorporeal Shock Wave Therapy QTY 3 is not medically necessary.