

Case Number:	CM15-0076737		
Date Assigned:	04/28/2015	Date of Injury:	05/06/2013
Decision Date:	09/22/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 injured worker is a 53 year old female who sustained an industrial injury on 05/06/2013. The injured worker was diagnosed with discogenic back pain with lumbar radiculitis, bilateral carpal tunnel syndrome, right shoulder sprain/strain, right medial epicondylitis, bilateral degenerative joint disease knees, and plantar fasciitis. Treatment to date includes diagnostic testing, steroid injections, chiropractic therapy, surgery, physical therapy and medications. The injured worker is status post right knee arthroscopy on August 2, 2014. According to the primary treating physician's progress report on March 13, 2015, the injured worker continues to experience right shoulder and wrist pain, lumbar spine and bilateral knee pain. The injured worker rates her shoulder pain at 7/10 with popping/clicking noted. Bilateral wrist pain was noted at 4/10 with intermittent numbness and tingling. The lumbar spine was rated 7/10 with radiating pain to the bilateral lower extremities, bilateral knees and feet. The injured worker experienced increased pain in the bilateral heels rating the pain at 7-10+/10. Examination of the lumbar spine demonstrated tenderness to palpation, positive straight leg raise bilaterally and decreased range of motion. Examination of the right shoulder noted improvement in range of motion. Current medications are listed as Norco, Naproxen, Ambien and Prilosec. Treatment plan consists of bilateral dorsiflexion night splint, stretching exercises, medication regimen, psychological/psychiatric evaluation and the current request for chiropractic treatment to the lumbar spine and right shoulder, Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities, Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities, bilateral knee Varus unloader brace, Ambien and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the lumbar spine and right shoulder (2 x week x 3 weeks):

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 12 sessions of chiropractic therapy. 12 more sessions of chiropractic treatment is within the scope allowable by the MTUS. I am reversing the previous utilization review decision. Chiropractic treatment to the lumbar spine and right shoulder (2 x week x 3 weeks) is medically necessary.

One EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. One EMG/NCV of the bilateral lower extremities is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 5/325mg #60 is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Ambien 5mg #30 is not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommended repeat electrodiagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already

presumed to have symptoms on the basis of radiculopathy. EMG/NCV of the bilateral upper extremities is not medically necessary.

DME: Bilateral knee Varus unloader brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. DME: Bilateral knee Varus unloader brace is not medically necessary.