

Case Number:	CM15-0079641		
Date Assigned:	04/30/2015	Date of Injury:	11/30/2011
Decision Date:	09/10/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male, who sustained an industrial injury on November 30, 2011. The injured worker reported fall off ladder causing head trauma, neck and right shoulder pain. The injured worker was diagnosed as having left epicondylitis, discogenic cervical and lumbar condition with radicular component, left shoulder impingement and right knee internal derangement. There are associated diagnoses of major depression, insomnia and stress disorder. Treatment and diagnostic studies to date have included X-rays, medications, injections, TENS, elbow sleeve, chiropractic and physical therapy. The MRI of the elbows was noted to show lateral epicondylitis. The EMG /NCV of the upper and lower extremities was noted as normal. Currently the Provider noted that the injured worker complained of persistent neck, shoulder, left elbow, low back and right knee pain. Physical exam notes tenderness of cervical and lumbar paraspinal muscles and pain of epicondyle with positive Tinel's and Phalen's sign. There is a request for neck, and bilateral elbow fluoroscopy, pain management consult, muscle stimulator, wrist and back support, lab work and psychiatry consultation. The medications listed are Flexeril, LidoPro, Effexor, trazodone, Ultracet, Protonix and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy of the Right Elbow, Left Elbow and Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Chronic Pain Treatment Guidelines Pain Chapter, Neck and Upper Back, Upper Extremities. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, Upper Extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of musculoskeletal pain. The records show that the patient had completed radiological and EMG/NCV studies of the neck and upper extremities including the elbows. There is no documentation of new injury or exacerbation of the skeletal pain. The criteria for fluoroscopy of bilateral elbows and neck was not met. The request is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for specialist treatment if the diagnosis is too complex, when expertise treatment is required or when there is significant co-existing psychosomatic disorders. The records indicate that the patient have significant major depression, insomnia and stress. The guidelines noted that untreated mental health condition is associated with decreased efficacy of PT, intervention pain and surgical procedures. The criteria for Pain Management Consultation was met. The request is medically necessary.

Interferential or Muscle Stimulator with Conductive Garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that neurostimulatory methods can be utilized for the treatment of musculoskeletal pain. There is no conclusive data to show that interferential treatment can be beneficial for the treatment of chronic musculoskeletal pain. The patient did not report sustained beneficial effect following

PT, Chiropractic treatment or the use of TENS unit. The criteria for the use of interferential or muscle stimulator unit with conductive garment was not met. The request is not medically necessary.

Lumbar Back Support and back support insert, with braces/wraps soft brace for Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-271, 303-304, Chronic Pain Treatment Guidelines Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Low Back Upper Extremity.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of back brace/support and soft wrist brace have limited beneficial effect beyond the acute injury period. The records show that the patient did not report beneficial effect with utilization of elbow sleeve. There is no documentation of a recent injury or exacerbation of the chronic pain condition. The criteria for low back support / brace and soft wrist brace was not met. The request is not medically necessary.

10 Panel Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compliance Urine Drug Screen (UDS) can be implemented at initiation of chronic opioid treatment and continued at random intervals during treatment. It is also recommended that documentation include CURESS data reports, absence of aberrant behavior and functional restoration. The records did not indicate the presence of aberrant behavior with medication utilization. The criteria for the 10 Panel Urine Drug Screen was not met. The request is not medically necessary.

Psychiatry Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127, Consultation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for specialist treatment if the diagnosis is too complex, when expertise treatment is required or when there is significant co-existing psychosomatic disorders. The records indicate that the patient have significant major depression, insomnia and stress. The guidelines noted that untreated mental health condition is associated with decreased efficacy of PT, intervention pain and surgical procedures. The criteria for Psychiatrist Consultation was met. The request is medically necessary.