

Case Number:	CM15-0082103		
Date Assigned:	05/05/2015	Date of Injury:	02/12/2015
Decision Date:	09/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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 44 year old female, who sustained an industrial injury on 02/2/2015. On provider visit dated 04/10/2015 the injured worker has reported middle back pain, bilateral shoulder pain, chest pain, left arm intermittent pain, headaches, anxiety, stress and depression. On examination, she was noted to be depressed and tearful. Chest was noted to be tender to palpation on left anterior ribs and right posterior ribs. Left arm was in a sling, left upper trapezius muscle was noted to have tenderness to palpation with spasms and a limited range of motion. Left upper extremity was noted to have tenderness to palpation throughout and limited range of motion. The diagnoses have included left shoulder sprain/strain, left wrist first degree burn, electronic accident-unspecified, left wrist sprain/strain, sprain of ribs and partial tear of the supraspinatus and infraspinatus tendons, bursitis, effusion, osteoarthropathy per MRI on March 03/21/2015, depression, anxiety and insomnia. Treatment to date has included MRI and medication. The provider requested Chiropractic with physiotherapy, acupuncture, ortho consult for left shoulder, psychiatrist evaluation & consultation, neurology consultation, NCV left extremity, NCV right extremity, EMG left extremity, EMG right extremity, MRI of the left wrist, MRI of the left elbow, and Xanax 1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro w/physiotherapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Per MTUS guidelines, it is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The Medical Records do not document the functional benefit, this injured worker had from prior therapy. The request for Chiro w/physiotherapy is not medically necessary and appropriate.

Acupuncture Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is considered in light of "functional improvement". The records are not clear if the injured worker had prior acupuncture therapy, and what was the objective outcome. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 12 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the prescription for 12 visits is not medically necessary.

Ortho consult for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7 page 127 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS explains how the chronic pain medical treatment guidelines apply. It states that generally providers should begin with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided and the patient is reassessed over the next 3-4 weeks. If the complaint persists during this interval, the treating physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The injured worker has been diagnosed with left shoulder sprain/strain. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed by the specialist. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

Psychiatrist evaluation & consultation Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , 2nd Edition, 2004, Chapter 7 page 127 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS state Consider a psych consult if there is evidence of depression, anxiety or irritability At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. ODG state Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Medical records of injured worker indicate the injured worker has depression, anxiety and insomnia, which make it necessary for the requested treatment. The Requested Treatment: Psychiatrist evaluation & consultation is medically necessary and appropriate.

Neurology consultation Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , 2nd Edition, 2004, Chapter 7 page 127 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS explains how the chronic pain medical treatment guidelines apply. It states that generally providers should begin with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided and the patient is reassessed over the next 3-4 weeks. If the complaint persists during this interval, the treating physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The injured worker has reported middle back pain, bilateral shoulder pain, chest pain, left arm intermittent pain, headaches, anxiety, stress and depression. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed by the specialist. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

NCV right extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, 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." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy... EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. The injured worker is not presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for NCV of the Right Extremity is not medically necessary and appropriate.

NCV left extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, 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." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. The injured worker is not presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for NCV left extremity is not Medically necessary and appropriate.

EMG right extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, 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." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy... EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. The injured worker is not presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG right extremity is not Medically necessary and appropriate.

EMG left extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, 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." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy... EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. The injured worker is not presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG left extremity is not Medically necessary and appropriate.

MRI of the left wrist Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, MRI's (magnetic resonance imaging).

Decision rationale: California MTUS states imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Official Disability Guidelines (ODG) state that indications for MRI of the wrist are acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), chronic wrist pain, plain films normal, suspect soft tissue tumor, chronic wrist pain, plain film normal or equivocal, suspect Kienbeck's disease. In this case, the injured worker has no evidence of suspected fracture, no recent injury and no red flags. Based on submitted information, the requested treatment MRI of the Left Wrist cannot be determined as medically necessary and appropriate.

MRI of the left elbow Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRI's.

Decision rationale: Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. In this case the injured worker has no evidence of suspected fracture, no recent injury and no red flags. Based on submitted information, the requested treatment MRI of the left elbow cannot be determined as medically necessary and appropriate.

Xanax 1mg Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute , Official Disability Guidelines (ODG) in Workers Compensation, 5th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective and functional improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.