

<b>Case Number:</b>	CM14-0121842		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 32-year-old female who reported an injury on 08/01/2013 due to an unknown mechanism. Diagnoses were cervical spine sprain/strain, cervical pain, cervical radiculopathy, bilateral shoulder internal derangement, left wrist/hand tenosynovitis, lumbar spine sprain/strain, lumbar spine pain, and lumbar radiculopathy. Diagnostic studies were a nerve conduction velocity study which revealed prolonged left ulnar nerve perimeters abnormalities found in polyneuropathies, prolonged left ulnar sensory perimeter nerve studies also consistent with polyneuropathic process. Prolonged sensory ulnar nerve studies found in early cubital tunnel syndrome. Intact median and ulnar nerve and f-wave findings: study consistent with proximal absent pathology. Physical examination on 07/30/2014 revealed complaints of burning in the neck. The pain was rated a 7/10 to 10/10. There were complaints of burning in bilateral shoulders. The pain was rated a 7/10 to 10/10. There were also complaints of left wrist/hand pain and low back pain. It was reported that medications offered temporary relief of pain and improve ability to have restful sleep. Examination of the cervical spine revealed tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. Bilateral shoulder exam revealed tenderness at the delto pectoral groove and at the insertion of the supraspinatus muscle. Examination of the left wrist/hand revealed tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence. Sensation was diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Deep tendon reflexes were symmetrical in the bilateral upper extremities. Motor strength was 4/5 in all muscle groups in the bilateral upper extremities. Examination of the lumbar spine revealed palpable tenderness with spasms noted at the lumbar paraspinal muscles and over the lumbosacral junction. Straight leg was positive bilaterally at 45 degrees. There was slightly decreased sensation at the L4, L5 and S1 dermatomes bilaterally. Motor strength was

4/5 in all the represented muscle groups in the bilateral lower extremities. Deep tendon reflexes were symmetrical in the bilateral lower extremities. Medications were Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Treatment plan was for shockwave therapy. The rationale and Request for Authorization were not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Six (6) Bio-Behavioral Pain Management Sessions (Date of Service: 7/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

**Decision rationale:** The California ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. Past treatments for conservative care modalities were not reported. The clinical information submitted for review does not provide evidence to justify a retrospective bio-behavioral pain management. Therefore, this request of six (6) Bio-Behavioral Pain Management Sessions (Date of Service: 7/28/14) is not medically necessary and appropriate.