MAXIMUS Federal Services

Case Number:	CM14-0150207		
Date Assigned:	09/18/2014	Date of Injury:	08/27/2007
Decision Date:	11/20/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine 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:

There were 36 pages provided for this review. The application for independent medical review was signed on September 15, 2014. There was a non-certification for an MRI of the cervical spine and EMG/NCS. Soma was not certified, Norco was modified and instead of an ergonomic workstation, certification for an ergonomic evaluation only was approved. This was signed by the claimant on September 9, 2014. Per the records provided, the patient was injured back in the year 2007. The diagnoses were cervical spine strain, myofascial sprain of the lumbar spine, rotator cuff tendinitis and De Quervain's disease. An MRI from July 2013 showed a right pelvic cystic mass which probably was an ovarian cyst. There were complaints of pain in the bilateral wrists, neck and the lower back. The wrist pain was five out of 10 and it was accompanied by numbness and tingling. The neck pain was four out of 10. The patient continues to work regular duties but is doing slightly more work. The use of Norco helps to reduce sequelae arising from her injury. There was tenderness to palpation at both wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back 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 section, under MRI

Decision rationale: The MTUS is silent. Regarding cervical MRI, the Official Disability Guidelines notes:- Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destructionIn this case, there is no documentation of plain radiography, or objective signs of radiculopathy. Criteria are not met for a neck MRI, and the request is not medically necessary.

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Therefore, this request is not medically necessary.

Electromyography (EMG) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As shared, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Therefore, this request is not medically necessary.

Nerve Conduction Studies (NCS) of the Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Once again, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Therefore, this request is not medically necessary.

Nerve Conduction Studies (NCS) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Therefore, this request is not medically necessary.

Soma 350mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Soma/Carisoprodol

Decision rationale: The MTUS is silent on Soma. The Official Disability Guidelines note in the Pain section that the medicine outright is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. Given the medicine is ineffective long term, with significant addictive potential, and without evidence of objective functional improvement, the request is not medically necessary.

Norco 10/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Ergonomic Work Station: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA in 42 CFR 414.202

Decision rationale: Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that:1. Can withstand repeated use2. Is primarily and customarily used to serve a medical purpose3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the homeThis device fails to meet the FDA definition of durable medical equipment, as it is not primarily used to serve a medical purpose. Further, although ergonomic work stations can help prevent workplace injury (but are not medical treatments in and of themselves), there need would not be known without an ergonomic assessment. I did not find an ergonomic assessment however in these records. Therefore, this request is not medically necessary.