MAXIMUS Federal Services

Case Number:	CM14-0181890		
Date Assigned:	11/06/2014	Date of Injury:	07/25/2007
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with a date of injury of 07/25/2007. The listed diagnoses are: 1. Right CTS, status post CTR, 2012.2. Left CTS. According to progress report 09/29/2014, the patient is status post right carpal tunnel release from 2012. Examination revealed positive Tinel's and Phalen's sign on the bilateral wrists. The provider recommended MRI of cervical spine, lumbar spine, and bilateral wrists. He also recommended EMG/NCV of the upper and lower extremities, urinalysis for toxicology and shockwave therapy. This report is handwritten and partially illegible. This is the only progress report provided by the requesting physician. Progress report 05/20/2013 indicates the patient has bilateral wrist pain with associated numbness. Patient reported: "feeling better with shockwave therapy." Examination of the bilateral wrist revealed well-healed surgical scar on the right with decreased sensation in the right thumb and index finger with weak grip strength. Utilization review denied the request on 10/09/2014. Treatment reports from 02/13/2013, 04/10/2013, 05/20/2013, and 09/29/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with bilateral wrist pain. The provider is requesting urinalysis for toxicology. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Progress report 09/29/2014 does not indicate that the patient is taking opioids. There is a gap in progress reports. Report 05/20/2013, notes that the patient is taking Voltaren 100 mg and Protonix 20 mg. In this case, due to the lack of documented opiate use, the requested Urinalysis for toxicology is not medically necessary.

NCV/EMG lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with bilateral wrist complaints. Provider is requesting and NCV/EMG of the lower extremities. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) 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." In this case, the patient did not have an electromyography/nerve conduction study prior to this. There is no rationale for this request. There is no description of low back pain or lower extremity complaints that may warrant an EMG/NCV study. Given the lack of discussion regarding medical necessity, this request is not medically necessary.

Ortho shockwave for both wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Chapter, Extracorporeal Shockwave Therapy (ESWT)

Decision rationale: This patient presents with bilateral wrist pain. Provider is requesting ortho shockwave for both wrists. Progress report on 09/29/2014 does not discuss this request. Report

on 05/20/2013 notes that the patient feels better with shockwave therapy. Extracorporeal shockwave treatment is a shock treatment indicated for such conditions as calcific tendinitis of shoulder, epicondylitis and plantar fasciitis per ODG guidelines. ODG guidelines do not discuss this treatment for the wrists. Given the lack of guidelines support for Shockwave therapy for wrists, this request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with bilateral wrist pain. This is a request for MRI of the cervical spine. There is no rationale provided for this request. ODG Guidelines under its Neck chapter recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, red flag conditions and no significant clinical presentation to warrant an MRI of the c-spine. Therefore, this request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: This patient presents with bilateral wrist pain. This is a request for MRI of the lumbar spine. There is no rationale provided for this request. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the provider does not discuss rationale for the request. There is no surgical consult or evaluation pending. There is no examination of the lumbar spine provided. There are no radicular symptoms or any discussion of concerns regarding the lumbar spine. The requested MRI of the lumbar spine is not medically necessary.

MRI of both wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Wrist Chapter, MRI

Decision rationale: This patient presents with bilateral wrist pain. The request is for MRI of both wrists. There is no indication that the patient has had bilateral MRI of the wrist. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." Given the patient's chronic condition, ODG guidelines are consulted. For MRI of the hand/wrist, ODG guideline recommends magnetic resonance imaging when there is suspicion of a soft tissue tumor or Kienbock's disease. In this case, there is no suspicion for carpal bone fracture, thumb ligamental injury. There is no suspicion for soft tissue tumor or Kienbock's disease. Therefore, this request is not medically necessary.