

Case Number:	CM14-0157874		
Date Assigned:	10/01/2014	Date of Injury:	03/31/1998
Decision Date:	05/01/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 31, 1998. In a Utilization Review Report dated September 11, 2014, the claims administrator failed to approve requests for a cervical pillow, Dragon software, chiropractic manipulative therapy, and electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an RFA form dated August 25, 2014 in its determination. The claims administrator incidentally noted that the applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work. In an August 25, 2014 progress note, the applicant reported neck pain with bilateral upper extremity paresthesias. Four additional sessions of chiropractic manipulative therapy were endorsed, along with electrodiagnostic testing of the upper extremities, a cervical pillow, and Dragon software. Highly variable 3-7/10 neck pain was reported. The applicant had had earlier electrodiagnostic testing reportedly establishing a diagnosis of carpal tunnel syndrome, it was suggested. The attending provider suggested that the applicant obtain four additional sessions of chiropractic manipulative therapy on the grounds that the applicant had responded favorably to recent manipulative treatment. The attending provider stated that the only diagnosis which she was searching for insofar as the electrodiagnostic testing was concerned was carpal tunnel syndrome. The applicant did exhibit positive Tinel and Phalen signs bilaterally, it was acknowledged. The attending provider seemingly stated that the applicant would continue performing regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical pillow: 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 ACOEM V.3 Cervical and Thoracic Spine Activity Modification Sleep Pillows and Posture Recommendation: Neck Pillows for Acute, Subacute, or Chronic Cervicothoracic Pain. There is no recommendation for or against the use of specific commercial products (e.g., neck pillows) as there is no quality evidence that they have roles in primary prevention or treatment of acute, subacute, or chronic cervicothoracic pain. Strength of Evidence-No Recommendation, Insufficient Evidence (I).

Decision rationale: No, the request for a cervical pillow was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that there is no recommendation for or against the usage of any specific commercial products such as the neck pillow in question. ACOEM, in fact, deems pillows and/or like articles as articles of applicant preference as opposed to articles of medical necessity. Therefore, the request was not medically necessary.

Dragon software: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

Decision rationale: Conversely, the request for Dragon software, a form of voice recognition software, was medically necessary, medically appropriate, and indicated here. The applicant had seemingly alleged that her upper extremity pain complaints and paresthesias had been worsened as a result of cumulative trauma from repetitive typing at work. As noted in the MTUS Guideline in ACOEM Chapter 1, page 6, engineering controls, including ergonomic workstation evaluation, workstation modification, and job redesign to accommodate a reasonable proportion of the workforce may very well be the most cost effective measures in the long run. Introduction of the voice recognition software in question will, furthermore, afford the applicant with an ability to rotate certain job tasks. Job rotation is generally effective, ACOEM Chapter 1, page 6 notes. Therefore, the request was medically necessary.

Chiropractic sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: The request for chiropractic manipulative therapy was medically necessary, medically appropriate, and indicated here. The attending provider wrote in his August 25, 2014 progress note that the request in question represented a request for four additional sessions of chiropractic manipulative therapy. The claims administrator likewise stated in his Utilization Review Report that it, too, construed the request as a request for four sessions of chiropractic manipulative therapy. As noted on pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, up to 24 sessions of manipulative treatment are recommended in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, the applicant has returned to and maintained full-time work status. Continuing manipulative therapy, thus, was indicated. Therefore, the request was medically necessary.

EMG of the right upper extremity: 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): 261.

Decision rationale: Conversely, the request for EMG testing of the right upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier electrodiagnostic testing was negative, in this case, however, both the applicant and the attending provider acknowledged that earlier electrodiagnostic testing was positive for bilateral carpal tunnel syndrome. It is not clear what role repeat testing would play here as the applicant reportedly already had an established diagnosis of bilateral carpal tunnel syndrome. Therefore, the request was not medically necessary.

EMG of the left upper extremity: 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): 261.

Decision rationale: Similarly, the request for EMG testing of the left upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier electrodiagnostic testing was negative, in this case, however, earlier electrodiagnostic

testing was positive for bilateral carpal tunnel syndrome, the treating provider acknowledged, effectively obviating the need for repeat testing. Therefore, the request was not medically necessary.

NCS of the right upper extremity: 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): 261.

Decision rationale: Similarly, the request for nerve conduction testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier testing was negative, in this case, however, earlier electrodiagnostic testing was, in fact, positive, the treating provider reported, effectively obviating the need for repeat testing. Therefore, the request was not medically necessary.

NCS of the left upper extremity: 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): 261.

Decision rationale: Finally, the request for nerve conduction testing of the left upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative in whom symptoms persist, in this case, however, earlier testing was, in fact, positive, the treating provider reported, seemingly obviating the need for repeat testing. Therefore, the request was not medically necessary.