

Case Number:	CM14-0194736		
Date Assigned:	12/02/2014	Date of Injury:	05/12/2014
Decision Date:	01/14/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/20/2014

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 & 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:

According to the records made available for review, this is a 54-year-old male with an 11/14/14 date of injury. At the time (10/23/14) of request for authorization for EMG/NCS of the bilateral lower extremities, Fluoroscopy of the neck in flexion and extension views, 1 injection to the biceps tendon along the left shoulder, Norco 10/325mg #60, and Nalfon 400mg #60, there is documentation of subjective (left shoulder, mid back, low back, and left knee pain) and objective (tenderness to palpation along the joint, biceps tendon, and acromioclavicular joint in the left shoulder; tenderness to palpation along the knee noted with weakness to resisted flexion; and decreased abduction, external rotation, and internal rotation of the left shoulder) findings, imaging findings (Reported MRI of the left shoulder (June 2014) revealed severe glenohumeral joint arthritis; severe subchondral cystic change in posterior half of the glenoid; degeneration of the biceps tendon and superior labral complex with a tear of the labrum extending posteriorly; mild infraspinatus, supraspinatus and subscapularis tendinosis with small partial thickness articular tear at the infraspinatus tendon and moderate to severe hypertrophic acromioclavicular (AC) joint arthrosis with no significant rotator cuff impingement; report not available for review) current diagnoses (thoracic sprain, cervical sprain, lumbosacral sprain, left shoulder sprain/strain, left chondrosternal sprain, left shoulder impingement syndrome with bicipital tendinitis, and left knee sprain), and treatment to date (physical therapy, exercises, acupuncture, shoulder and knee cortisone injection, and medications (including ongoing treatment with Norco since at least 6/5/14)). Regarding EMG/NCS of the bilateral lower extremities, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks and evidence of radiculopathy after 1-month of conservative therapy. Regarding 1 injection to the biceps tendon along the left shoulder, there is no documentation of failure of additional conservative treatment (NSAIDS or Acetaminophen) for at least of 3 months, the pain

interferes with functional activities, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous steroid injection. Regarding Norco 10/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Study (NCS) of the bilateral 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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain, cervical sprain, lumbosacral sprain, left shoulder sprain/strain, left chondrosternal sprain, left shoulder impingement syndrome with bicipital tendinitis, and left knee sprain. In addition, there is documentation of low back symptoms and failure of conservative treatment. However, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, there is no documentation of evidence of radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCS of the bilateral lower extremities is not medically necessary.

Fluoroscopy of the neck in flexion and extension views: 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 and Upper Back, Flexion/extension imaging studies

Decision rationale: MTUS does not address this issue. ODG does not recommend flexion/extension imaging studies as primary criteria for range of motion. Therefore, based on guidelines and a review of the evidence, the request for fluoroscopy of the neck in flexion and extension views is not medically necessary.

1 injection to the biceps tendon along the left shoulder: 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) Shoulder, Steroid Injections and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: ODG identifies documentation of adhesive capsulitis, impingement syndrome, or rotator cuff problems; failure of conservative treatments (physical therapy, exercise, and non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen) for at least 3 months; that pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); and injections generally performed without fluoroscopic or ultrasound guidance; as criteria necessary to support the medical necessity of shoulder steroid injection. In addition, ODG does not support a series of three injections. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain, cervical sprain, lumbosacral sprain, left shoulder sprain/strain, left chondrosternal sprain, left shoulder impingement syndrome with bicipital tendinitis, and left knee sprain. In addition, there is documentation of previous steroid injection, impingement syndrome and rotator cuff problems, and failure of conservative treatment (physical therapy and exercise). However, given documentation of an associated request for Nalfon, there is no documentation of failure of additional conservative treatment (NSAIDs or Acetaminophen and exercise) for at least of 3 months. In addition, there is no documentation that the pain interferes with functional activities. Furthermore, given documentation of previous shoulder steroid injection, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous steroid injection. Therefore, based on guidelines and a review of the evidence, the request for 1 injection to the biceps tendon along the left shoulder is not medically necessary.

Norco 10/325mg #60: Upheld

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 Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain, cervical sprain, lumbosacral sprain, left shoulder sprain/strain, left chondrosternal sprain, left shoulder impingement syndrome with bicipital tendinitis, and left knee sprain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.

Nalfon 400mg #60: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 71.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of osteoarthritis, or mild to moderate pain, as criteria necessary to support the medical necessity of Nalfon. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain, cervical sprain, lumbosacral sprain, left shoulder sprain/strain, left chondrosternal sprain, left shoulder impingement syndrome with bicipital tendinitis, and left knee sprain. In addition, there is documentation of pain. Therefore, based on guidelines and a review of the evidence, the request for Nalfon 400mg #60 is medically necessary.