

Case Number:	CM14-0211750		
Date Assigned:	12/24/2014	Date of Injury:	06/14/2012
Decision Date:	03/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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: New York

Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old male worker had a date of injury on 6/14/2012 and 07/17/12. The mechanism of injury is not described. According to the progress note of the Qualified Medical Examiner dated 07/14/2014 the patient reported neck pain, spasms, stiffness and cracking which was alleviated with medications, TENS and self massage. He had left shoulder pain which comes and goes with loss of strength in the whole arm. His symptoms were aggravated by lifting, bending and reaching upwards. This pain was alleviated by medications, massage and topical creams and TENS. He also complained of sharp pains in his left wrist with numbness involving all the digits and a loss of grip strength. Symptoms were aggravated by lifting, gripping, grasping, and washing dishes. The patient reported anxiety, stress, and depression. The patient was recommended medications, physical therapy, acupuncture, and diagnostic studies. MRI scan of the cervical spine on 01/29/2014 showed only 1-2 mm cervical disc bulges C4-7 and straightening of the cervical lordosis suggesting cervical sprain/strain. EMG and NCVBs of 09/18/12 disclosed carpal tunnel syndrome left greater than right. The PPR2 of 04/21/14 diagnosed a mild impingement in the left shoulder and cervical strain/sprain with severe left carpal tunnel syndrome. Repeat electrodiagnostics on 05/13/14 confirmed the severe left carpal tunnel syndrome. Diagnosis includes carpal tunnel syndrome of the left wrist and cervical spine strain, sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI) and ACOEM Guidelines, pages 177-179

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the California MTUS guidelines unequivocal findings that identify specific nerve compromise on neurological examination is sufficient evidence to warrant a MRI scan. This worker's documentation does not contain evidence of such unequivocal findings. The guidelines also state that a MRI of the thoracic spine should be done if there is physiological evidence of tissue insult or nerve impairment. According to the medical records there is no such physiological evidence to warrant a MRI scan of the thoracic spine. Thus a MRI scan of the thoracic spine is not medically necessary and appropriate.

MRI left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 207 - 208

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-208.

Decision rationale: According to the California MTUS guidelines if surgery is being considered for a specific anatomic defect then a MRI of the shoulder should be done. However, documentation does not show that surgery is a consideration. Physical examination is not recorded that suggests surgery is a possibility. The report of the qualified examiner of 07/14/2014 only suggests surgery for the carpal tunnel syndrome. Thus a MRI of the left shoulder is not medically necessary and appropriate.

Hydrocodone / APAP 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, When to Discontinue Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to the California MTUS guidelines opioids should be administered as part of a program which monitors efficacy, functional status, side effects and

appropriate use. Documentation does not show such a program has been established. The guidelines note chronic use of opioids can lead to dependence and addiction. According to the patient's medical records the patient's functional improvement with norco usage is not stated under the principle of the smallest dosage for the least time. Thus hydrocodone/APAP 10/325mg #80 is not medically necessary and appropriate.

NCV/EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, Chronic Pain Treatment Guidelines EMG / NCV. Decision based on Non-MTUS Citation Work Loss Data Institute, Neck and Upper Back, (EMG), page 157 and Official Disability Guidelines, Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to California MTUS guidelines Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. Indeed the documentation shows EMGs and NCVs were accomplished on 09/18/12 and 05/13/2014. According to the medical records there is documentation of a severe left carpal tunnel syndrome and moderate right. A rationale for a repeat study is not found in the documentation. Thus this request for bilateral upper extremity EMG/NCV is not medically necessary and appropriate.