

Case Number:	CM15-0111143		
Date Assigned:	06/17/2015	Date of Injury:	06/05/2014
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Anesthesiology

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 injured worker is a 49-year-old, female who sustained a work related injury on 6/5/14. The diagnoses have included reflex sympathetic dystrophy of upper limb, radial neuritis, tendinitis of right wrist, right lateral epicondylitis and chronic wrist pain. Treatments have included medications, use of a right hand glove and acupuncture. In the Visit Note dated 5/15/15, the injured worker complains of an increased pain level since last visit. She rates her pain a 6/10 with medications and an 8/10 without medications. She notes functional benefit from medication. She notes cold sensation in right hand. She has loss of function in right hand. She has painful range of motion in right hand. She has tenderness to palpation over the lateral epicondyle in right elbow. There is tenderness to palpation/hyperalgesia/allodynia over the radial and dorsal aspects of the right wrist. She has limited range of motion in right wrist. The treatment plan includes requests for a bone scan, for an EMG/NCS studies and hand therapy to coincide with stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan: 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), pain, diagnostic test.

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

Decision rationale: According to the ODG, complex regional pain syndrome CRPS findings include soft tissue swelling, osteopenia/osteoporosis (generally patchy earlier in the disease and more generalized at a later duration), cortical bone resorption and articular erosion. These findings can also be seen with disuse atrophy. Triple-phase bone scans (three-phase bone scintigraphy or TPBS) are recommended for select patients in the early stages (to help in confirmation) of the CRPS diagnosis. In this case, the patient has a possible diagnosis of CRPS. The routine use of TPBS is not recommended. A positive test is not necessarily concordant with the presence or absence of CRPS I and the diagnostic value of a positive test for CRPS are considered low from the viewpoint of the Budapest research criteria versus previously used criteria that were less restrictive. The sensitivity of the test is less than its specificity and the former declines with increasing duration of CRPS. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

EMG study of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help to identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies (NCVs) are recommended if the EMG is not clearly radiculopathy, or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms based on radiculopathy. In this case, the findings on the neurologic exam do not lend support (without evidence of radiculopathy) to the request for EMG testing of the right upper extremity. Medical necessity of this testing has not been established. The requested testing is not medically necessary.

NCV study of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for diagnostic test NCV for the right upper extremity is not medically necessary. According to the California MTUS/ACOEM Guidelines, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient has symptoms consistent with complex regional pain syndrome (CRPS). There is no documentation of any objective clinical findings or any neurologic deficits to support the requested NCV of the right upper extremity. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.

Hand therapy to coincide with stellate ganglion block #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Complex regional pain syndrome (CRPS).

Decision rationale: The most studied application for procedures blocking the sympathetic nervous system, like the stellate ganglion block, is in the treatment of CRPS. A successful stellate block would be noted by a Horner's syndrome, which is characterized by miosis (a constricted pupil), ptosis (a weak, droopy eyelid), and anhidrosis (decreased sweating). The use of sedation with this block can influence results, and this should be documented if utilized. In the therapeutic phase, repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand-alone treatment. There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. In this case, (6) hand therapy treatments, to coincide with the stellate ganglion block, are being requested. Hand therapy evaluation and treatment before and after the stellate ganglion block is medically necessary. However, medical necessity of the requested (6) visits has not been established. Additional hand therapy treatments can be determined after the block has been completed. The requested (6) visits are not medically necessary at this time.