

Case Number:	CM15-0114233		
Date Assigned:	06/22/2015	Date of Injury:	11/02/2006
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old woman sustained an industrial injury on 11/2/2006. The mechanism of injury is not detailed. Diagnoses include cervical spine strain/sprain, right shoulder impingement syndrome, right elbow cubital tunnel syndrome, lumbar spine sprain/strain with radiation to the bilateral lower extremities, right sacroiliac joint pain, and bilateral carpal tunnel syndrome. Treatment has included oral medications. Physician notes dated 4/1/2015 show complaints of neck and low back with radiation. Recommendations include electromyogram/nerve conduction studies of the bilateral upper extremities, specialist consultation for bilateral upper and lower extremity symptoms, pain management consultation, physical therapy, continue home exercise program, Tylenol #3, Voltaren, Diclofenac, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult (consideration LEST): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006. She underwent carpal tunnel release surgery in 2008 on the right and in 2009 on the left. When seen, she was having radiating low back pain into the lower extremities and bilateral wrist pain. There was positive Tinel's testing and wrist tenderness. There was decreased cervical spine range of motion. She was noted to ambulate with a cane. Tylenol #3 has been prescribed since at least November 2014. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, there are no radicular complaints or physical examination findings that support a diagnosis of cervical radiculopathy. An epidural steroid injection would not be indicated. Therefore requesting a referral to pain management for an epidural steroid injection is not medically necessary.

Tylenol # 3 300/30mg #120: 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006. She underwent carpal tunnel release surgery in 2008 on the right and in 2009 on the left. When seen, she was having radiating low back pain into the lower extremities and bilateral wrist pain. There was positive Tinel's testing and wrist tenderness. There was decreased cervical spine range of motion. She was noted to ambulate with a cane. Tylenol #3 has been prescribed since at least November 2014. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

BUE EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006. She underwent carpal tunnel release surgery in 2008 on the right and in 2009 on the left. When seen, she was having radiating low back pain into the lower extremities and bilateral wrist pain. There was positive Tinel's testing and wrist tenderness. There was decreased cervical spine range of motion. She was noted to ambulated with a cane. Tylenol #3 has been prescribed since at least November 2014. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, there are no radicular complaints or physical examination findings that support a diagnosis of cervical radiculopathy. An epidural steroid injection would not be indicated. Therefore requesting a referral to pain management for an epidural steroid injection is not medically necessary. Criteria for the use of Epidural steroid injections, p46 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p127 Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary. (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and her condition is chronic. None of the above indications is present. Repeat testing is not medically necessary.