

Case Number:	CM15-0122807		
Date Assigned:	07/07/2015	Date of Injury:	03/28/2014
Decision Date:	08/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/25/2015

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: California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 3/28/2014. She reported being hit by a garment machine in the back and stomach, with subsequent shoulder pain when pushing the machine away. The injured worker was diagnosed as having abdominal wall pain, low back pain, shoulder arthralgia, chronic pain, lumbar radiculopathy, cervical radiculitis, and shoulder pain. Treatment to date has included diagnostics, pain management, chiropractic, multiple injections to her shoulder and back, physical therapy, acupuncture, and medications. Currently (5/22/2015), the injured worker complains of inability to move her left upper extremity due to pain in her shoulder, and low back pain radiating down the right lower extremity. She had profoundly decreased sensation in both her right lower extremity and left upper extremity. It was documented that records were reviewed but did not contain imaging studies or electromyogram and nerve conduction studies. It was also documented that many reports from prior treating physicians were not found. She was unable to clarify many issues. She reported taking several medications but could not recall the names of medication. The treatment plan included Functional Restoration Program, imaging studies, urine toxicology, and electromyogram and nerve conduction studies to the upper and lower extremities. Per the Qualified Medical Evaluation on 5/18/2015, the treatment recommendation was for magnetic resonance imaging of the cervical spine, lumbar spine, left shoulder, and right knee, along with electromyogram and nerve conduction studies of the upper and lower extremities. Multiple imaging reports were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program/PEP program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the injured worker is has not reached maximum medical improvement and additional diagnostic studies are awaited. The request for functional restoration program/PEP program is not medically necessary and appropriate.

Urine toxicology screen x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for urine toxicology screen x 1 is not medically necessary and appropriate.

EMG/NCS bilateral upper extremities (forearm, wrist): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), forearm, wrist and hand chapter EMG/NCS, carpal tunnel syndrome.

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

Decision rationale: According to ACOEM guidelines, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. It also states that physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, there is evidence of clinical findings on examination, which would cause concern for radiculopathy stemming from the cervical spine. The request for EMG/NCS bilateral upper extremities (forearm, wrist) is medically necessary and appropriate.

EMG/NCS bilateral lower extremities: Overturned

Claims Administrator 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 lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case, there is evidence of clinical findings on examination, which would cause concern for radiculopathy stemming from the lumbar spine to support the requested diagnostic studies. The request for EMG/NCS bilateral lower extremities is medically necessary and appropriate.