

Case Number:	CM15-0174094		
Date Assigned:	09/15/2015	Date of Injury:	04/23/2012
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/03/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on April 23, 2012. He reported chronic headaches, back pain, neck pain, bilateral upper extremity pain, tingling and numbness and bilateral lower extremity pain, numbness and tingling. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, cervical neck pain, low back pain, lumbar strain and sprain, thoracic sprain and strain, myofascial pain and sleep disturbance. Treatment to date has included diagnostic studies, TENS unit, thera cane, home exercises, medications, cognitive behavioral therapy, acupuncture and work restrictions. Currently, the injured worker continues to report chronic headaches, back pain, neck pain, bilateral upper extremity pain, tingling and numbness and bilateral lower extremity pain, numbness and tingling. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on May 26, 2015, revealed continued pain as noted. He rated his pain at 6 on a 1-10 scale with 10 being the worst. He reported a 40% improvement with the TENS unit. It was noted he was awaiting carpal tunnel release of the right wrist. Evaluation on July 30, 2015, revealed continued pain as noted. He rated his pain at 8-10 on a scale of 1-10 with 10 being the worst. He noted the medications attenuate the pain by 30%. He reported continued sleep disruptions, mood swings and frustration. Lumbar range of motion was noted as decreased. There was noted tenderness to palpation of the paraspinals in the cervical, thoracic and lumbar spine with noted lumbar paraspinal muscle spasm. There was also noted tenderness with palpation of the bilateral hips. The RFA included requests for EMG/NCV upper

and lower extremities, Neurology consult, TENS patches and TPI (trigger point injection) cervical spine and was non-certified on the utilization review (UR) on August 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, TENS unit.

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS units can be utilized for the relief of musculoskeletal pain. It is recommended that there should be an initial 1 month trial of the use of a TENS unit. The modality of the utilization of the use of the TENS unit should be documented. The guidelines recommend that the TENS units can then be purchased or authorized for long-term use if there is documentation of pain relief, improved function with range of motion, and reduction in medication utilization. Records submitted indicate the injured worker has a home TENS unit with pain relief up to 40% documented. Continued use is appropriate given the diffuse myofascial pain contributing to pain and suffering. Ongoing use of a TENS unit is supported. This request is medically necessary.

Neurology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, and Low Back Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation ACOEM Chapter 2, Page 27.

Decision rationale: The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. Within the submitted records, there are no significant neurological deficits on physical examination noted. The injured worker is noted to have full strength, and has documented poor coping/depression contributing to chronic pain. Furthermore, a clear rationale for a Neurology consult is lacking as this injured worker has had chronic pain, and the course of treatments failed in the past, including previous consultations with specialists was not clearly outlined as part of the rationale behind a Neurology consult. This request is not medically necessary.

EMG/NCE upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG/NCS topic.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Within the submitted records, the injured worker is noted to have carpal tunnel syndrome, and radiculopathy of the lumbosacral spine. In May 2015 documentation reviewed, there is mention of recommendation for L5-S1 disc arthroplasty given nerve root irritation and moderate to severe neural foraminal narrowing. Medical necessity for electrodiagnostics at this time, is not established.

TPI (trigger point injection) cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: According to the California MTUS, requirements for trigger point injections (TPI) include palpation of a trigger point with lateral radiation of pain and noted twitch response. Requirements are for no more than three injections at one time. The physical examinations within the submitted records fails to adequately describe trigger points including lateral radiation of pain, twitch responses, and there is no mention of previous conservative treatments rendered for the injured workers trigger points in the recent past. Medical necessity has not been substantiated.