

Case Number:	CM15-0061028		
Date Assigned:	04/07/2015	Date of Injury:	04/09/2010
Decision Date:	05/29/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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 28-year-old female, with a reported date of injury of 04/09/2010. The diagnoses include carpal tunnel syndrome, epicondylitis on the right, right wrist joint inflammation, discogenic cervical condition, and brachial plexus irritation. Treatments to date have included a collar with gel, a neck pillow, a transcutaneous electrical nerve stimulation unit, an MRI of the neck, electrodiagnostic studies, an MRI of the right elbow, an MRI of the right wrist, soft to rigid braces, and an elbow sleeve. The medical report dated 02/12/2015 indicates that the injured worker had issues with her neck and bilateral upper extremities. She continued to have numbness and tingling and grip loss with activities. The objective findings include tenderness along the wrist joint and radioulnar joint, tenderness along the elbow, satisfactory motion, and a weak grip. The treating physician requested an electromyography/nerve conduction velocity of the bilateral upper and lower extremities, a urine drug screen, an interferential or muscle stimulator with conductive garment, and cervical traction with air bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG)/Nerve Conduction Velocity (NCV) of bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, there is no evidence of a motor or sensory deficit with regard to the bilateral upper or lower extremities. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate. According to the documentation provided, the injured worker currently utilizes a 2 lead TENS unit. The medical necessity for an interferential unit has not been established. There is no evidence of a failure of other appropriate pain modalities, including TENS therapy. There is also no evidence of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically necessary.

IF or muscle stimulator with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. The request is not medically necessary.

Cervical traction with air bladder: 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 and Upper Back Chapter, Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support effectiveness or ineffectiveness of passive physical modalities such as traction. There is no documentation of a significant functional deficit with regard to the cervical spine. The medical necessity for the requested DME has not been established in this case. As such, the request is not medically necessary.