

Case Number:	CM15-0078744		
Date Assigned:	04/30/2015	Date of Injury:	11/05/2011
Decision Date:	09/09/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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: Internal Medicine

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 60 year old female sustained an industrial injury on 11/5/11. She subsequently reported shoulder pain. Diagnoses include right shoulder rotator cuff tear, sprain, internal derangement and cervical herniated nucleus pulposus and radiculopathy. Treatments to date have included x-ray, nerve conduction and MRI studies, surgery, physical therapy and prescription pain medications. The injured worker continues to experience cervical spine and right shoulder pain. Upon examination, tenderness to palpation with associated muscle spasm is noted. A request for 8 sessions of acupuncture for right shoulder, 8 sessions of chiropractic for right shoulder and cervical spine, EMG/NCV of the right and left upper extremity and Cyclobenzaprine, Ibuprofen and Omeprazole medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Acupuncture is not recommended for neck pain and may be indicated as an option for rotator cuff tendinitis. The injured worker complains of chronic right shoulder pain managed to date with multiple treatment modalities, including Physical Therapy, Acupuncture and Chiropractic care. Given that the injured worker has completed an initial course of acupuncture and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional acupuncture has not been established. Per guidelines, the request for 8 sessions of acupuncture for right shoulder is not medically necessary.

8 sessions of chiropractic for right shoulder, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Hand Chapters, Manual Therapy.

Decision rationale: MTUS recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. ODG recommends 9 visits over 8 weeks for sprains and strains of shoulder and upper arm. As time goes, fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed, plus active self-directed home therapy. Documentation shows that the injured worker complains of chronic neck and right shoulder pain with no report of significant improvement in physical function with previous physical therapy and chiropractic care. The medical necessity for additional manual therapy has not been established. The request for 8 sessions of chiropractic for right shoulder, cervical spine is not medically necessary based on the MTUS.

EMG/NCV of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG) and Other Medical Treatment Guidelines ACOEM Special Studies and Diagnostic and Treatment Consideration, page 268.

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of

CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker is status post neck surgery with complains of ongoing complains of radicular neck pain and clinical signs of cervical radiculopathy. Documentation fails to show objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG/NCV of the right upper extremity is not medically necessary per guidelines.

EMG/NCV of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG) and Other Medical Treatment Guidelines ACOEM Special Studies and Diagnostic and Treatment Consideration, page 268.

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker is status post neck surgery with complains of ongoing complains of radicular neck pain and clinical signs of cervical radiculopathy. Documentation fails to show objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG/NCV of the left upper extremity is not medically necessary per guidelines.

Cyclobenzaprine HCL 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine HCL 10mg #30 is not medically necessary per MTUS guidelines.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms of neck and right shoulder pain are chronic and ongoing, without evidence of acute exacerbation or significant improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Ibuprofen 600mg #60 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20mg #30 is not medically necessary per MTUS guidelines.

