MAXIMUS Federal Services

Case Number:	CM15-0098411		
Date Assigned:	05/29/2015	Date of Injury:	06/13/2012
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 43 year old female, who sustained an industrial injury on June 13, 2012. The injured worker was diagnosed as having chronic pain syndrome, depression and rotator cuff injury. Treatment to date has included medication and injection. A progress note dated April 2, 2015 the injured worker complains of right shoulder pain. She reports no significant improvement. Physical exam notes a depressed mood, decreased painful range of motion (ROM) and tenderness on palpation. The plan includes titration of Gabapentin, Oxycontin, Flector patch, psychiatric evaluation, electromyogram, exercise, possible cortisone injection and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 43 year old patient presents with chronic pain syndrome, rotator cuff injury, and depression, as per progress report dated 04/02/15. The request is for EMG Right Upper Extremity. The RFA for this case is dated 04/02/15, and the patient's date of injury is 06/13/12. Diagnoses, as per progress report dated 03/26/15, included supraspinatus muscle sprain/strain, adhesive capsulitis of shoulder, obesity and reflex sympathetic dystrophy. Medications included Prednisone and Gabapentin. The patient has been allowed to return to work with restrictions, as per the same progress report. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.The patient underwent an electro diagnostic study on 08/27/13, which revealed mild carpal tunnel syndrome, as per progress report dated 03/26/15. The treater is requesting for a EMG of right upper extremity again in progress report dated 04/02/15 to rule out peripheral nerve injury. Guidelines, however, support repeat EMG/NCV only if the first test was negative during the acute phase. There is no new injury, new clinical information or change in neurologic findings to warrant an updated studies. Hence, the request is not medically necessary.

Oxycontin 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 43 year old patient presents with chronic pain syndrome, rotator cuff injury, and depression, as per progress report dated 04/02/15. The request is for Oxycontin 20mg #30. The RFA for this case is dated 04/02/15, and the patient's date of injury is 06/13/12. Diagnoses, as per progress report dated 03/26/15, included supraspinatus muscle sprain/strain, adhesive capsulitis of shoulder, obesity and reflex sympathetic dystrophy. Medications included Prednisone and Gabapentin. The patient has been allowed to return to work with restrictions, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, Oxycontin is only noted in progress report dated 04/02/15. It appears that this is the first prescription for the medication as the treater states that we'll initiate Oxycontin 20mg at bedtime

to help with nighttime pain, which keeps her awake. Given the patient's pain, the request for #30 appears reasonable and is medically necessary.

Right shoulder corticosteroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, Steroid injections.

Decision rationale: The 43 year old patient presents with chronic pain syndrome, rotator cuff injury, and depression, as per progress report dated 04/02/15. The request is for Right Shoulder Corticosteroid Injection. The RFA for this case is dated 04/02/15, and the patient's date of injury is 06/13/12. Diagnoses, as per progress report dated 03/26/15, included supraspinatus muscle sprain/strain, adhesive capsulitis of shoulder, obesity and reflex sympathetic dystrophy. Medications included Prednisone and Gabapentin. For shoulder injections, the ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. ODG Shoulder chapter, under Steroid injections has the following regarding imaging guidance for shoulder injections: Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injection shave increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes." In this case, the request for right shoulder corticosteroid injection is noted in progress report dated 04/02/15. The treater states that the patient may benefit from this injection. The reports do not document prior injection. ODG guidelines support these injections. ACOEM also allows 2 to 3 corticosteroid injections as part of rehabilitation. Hence, the request is medically necessary.