

Case Number:	CM13-0015703		
Date Assigned:	08/15/2014	Date of Injury:	12/12/2011
Decision Date:	09/19/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 35 year old male who reported an industrial injury on 12/12/2011, almost three (3) years ago, attributed to the performance of customary job tasks. The patient complained of neck, upper back, and right shoulder pain with occasional numbness and weakness. The patient also complained of right wrist pain, stress, depression, and insomnia. The objective findings on examination included decreased range of motion to the cervical and lumbar spine by 15 to 20%; tenderness and muscle spasms of the cervical paraspinal paravertebral muscles, neck, and upper back pain with right side cervical compression; normal upper and lower extremity reflexes; decreased sensation of the right upper extremity and left lower extremity; positive Tinel's and Phalen's test of the right upper extremity. Electrodiagnostic studies during 2012 documented evidence of a positive mild acute C5 radiculopathy on the right and mild right carpal tunnel syndrome affecting the sensory component. The patient was diagnosed with cervical disc syndrome, cervical sprain/strain; thoracic sprain/strain; lumbar sprain/strain, Segmental dysfunction, radicular neuralgia, and wrist sprain/strain. The treatment plan included chiropractic care, orthopedic evaluation for the cervical spine, cervical MRI, tens unit, FCE, 25 psychological/psychiatric sessions, unknown psychotropic medication consultations, unknown sessions of bio-feedback and relaxation techniques, unknown prescription of medications, and an NCV of the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 7 page 127;Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention.

Decision rationale: The request for authorization of a consultation with an Orthopedic Surgeon 3 years after the DOI for the documented diagnoses, is not demonstrated to be medically necessary for the effects of the cited industrial injury. There are documented objective findings by the requesting provider to support the medical necessity of an orthopedic treatment for the diagnoses documented of chronic shoulder and neck pain. There is no documented surgical lesion to the neck or shoulder. There is no demonstrated medical necessity for the patient to be evaluated with Orthopedics for the shoulder/neck as there are no documented clinical changes to the cervical spine or shoulder to support the medical necessity of surgical intervention. The patient is not documented to have failed conservative treatment. There are no documented severe or disabling neck, shoulder or arm symptoms; significant activity limitations; and no imaging or electrodiagnostic evidence of a lesion that would benefit from surgical intervention; an unresolved radicular symptoms after the provision of conservative treatment. There is no demonstrated medical necessity for an orthopedic surgeon evaluation of the neck and shoulder.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 7 pages 132-139; Chapter 7 pages 137-138Official Disability Guidelines (ODG) Fitness for Duty Chapter Functional Capacity Evaluation.

Decision rationale: The request for a FCE for the diagnosis neck and shoulder pain 3 years after the DOI was not supported with objective evidence to demonstrate medical necessity for the treatment of this industrial injury. The ODG recommends that the FCE is not ordered routinely. There are no complex issues identified such as prior unsuccessful attempt so return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The Functional Capacity Evaluation (FCE) is not demonstrated to be medically necessary and has not been requested by the employer. The FCE is requested for chronic neck and shoulder pain with no changes on the current documented objective findings on examination. The FCE was not demonstrated to be medically necessary for the evaluation and treatment of the patient three years after the cited

DOI. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a "baseline" which was adequately provided with the documented physical examination. There are no recommendations by evidence-based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to a neck or shoulder diagnoses. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient current status to perform modified work presently offered by the employer. There is no request from the employer to perform a FCE. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the low back. There is no demonstrated medical necessity for the FCE for the diagnosed neck and shoulder issues. The request for the FCE was not supported with objective medically based evidence to establish the medical necessity of a FCE for this patient and was request only to establish a "baseline." There is no demonstrated medical necessity for the requested FCE and the request is not supported with objective medically based evidence.

25 Psychological/Psychiatric sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 92; 398, Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 127; chapter 6 pages 115 Official Disability Guidelines (ODG) mental stress chapter psychological examinations.

Decision rationale: The request for authorization of an evaluation and treatment with a psychologist/psychiatrist for 25 sessions is not supported with subjective/objective evidence to demonstrate medical necessity. The consultation/referral is made for alleged stress, anxiety, and depression related to the date of injury three years ago. There is no documented physical examination with a mental status evaluation or any documented objective findings consistent with depression or anxiety or a mood disorder. There is no demonstrated psychiatric industrial injury. The request for the psychiatric consultation is requested routinely and not supported by any objective evidence. There is no mental status examination by documenting objective findings of depression/mood disorder that would be an effect of the industrial injury. The provider failed to document any ongoing objective signs of depression in the objective findings on examination. There is no documented mental status examination and not documented depression associated with chronic pain issues. There was no rationale or nexus for the stated "symptoms" in relation to the mechanism of injury. There is no prior documentation of anxieties

or depression for this patient and there is no rationale for the apparent change in mental status. There is no objective evidence provided that the anxieties or depression of this patient were related to the industrial injury and no nexus to the injury has been provided. The clinical narrative provided simply requests a referral to a psychiatrist with no provided objective evidence to support medical necessity and provides no rationale or objective findings suggesting an anxiety disorder or depressive disorder. There is no objective evidence to support the medical necessity of a consultation with a clinical psychologist or a psychiatrist for the effects of the industrial injury. The medical necessity of the treatment of depression or anxiety is not supported with any objective findings on examination or mental status changes. It is not clear that the stated depression is related to the industrial injury. The primary treating physician has not provided any additional objective evidence to support the diagnosis of a depressive disorder as opposed to the anxiety of everyday life. The provider did not provide a rationale to support the medical necessity of the request for authorization of a psychiatric consultation in relation to the effects of the industrial injury. The provider did not provide subjective/objective evidence of the occurrence of anxiety or depression or issues in regard of managing the currently reported pain in relation to the industrial injury. The clinical status of the patient was not described with any specificity and did not demonstrate a clear association with provided injuries. The provider has not documented any appropriate conservative care for the symptoms of depression reported or any conservative treatment to date in this area related to depression or anxiety for this industrial injury. The request for authorization of psychological counseling and treatment is inconsistent with the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines for the alleged anxiety due to issues between coworkers. There is no objective evidence provided that demonstrates the medical necessity of the request for psychological/psychiatric counseling and treatment. There are no objective findings or diagnoses related to depression, stress, insomnia, or anxiety related to the effects of the alleged industrial injury as the PTP failed to provide diagnoses other than subjective or reported depression. Depression is not documented as a treating diagnosis. There is no provided evidence that would be consistent with the medical necessity for psychological consultation in relation to the effects of the industrial injury. The ACOEM guidelines state that there is insufficient evidence to support the medical necessity of psychological consultations for cited chronic pain issues. There are no objective findings or subjective information available to support the medical necessity of a psychological referral for cognitive pain management that would meet the criteria recommended by the ACOEM Guidelines or the Official Disability Guidelines. There is no provided objective subjective/objective evidence provided to support a diagnosis of depression, insomnia, and anxiety as an effect of the industrial injury. The PTP has documented no psychiatric objective findings and has no psychiatric diagnoses that would require a psychological evaluation, consultation, or treatment on an industrial basis. The request is made by a checklist without a rationale to support medical necessity.

Unknown psychotropic medication consultation.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 127.

Decision rationale: The request for authorization of a consultation for unknown psychotropic medications three years after the DOI in this 35 year old patient is not supported with the rationale for medical necessity in relation to industrial injury. The patient is not documented to have any effects related to the industrial injury that would require a consultation for psychotropic medications. There was no documented psychotropic medications be taken by the patient or a rationale for the requested consultation and prescription. There is no documented change in clinical status to warrant the consultation with another provider. The documentation provided fails to demonstrate a medical necessity for the consultation for this patient for the stated issues related to the industrial injury. There was no specificity of the reported psychotropic medications which would have been evident with a history and physical along with the prescribing physician. The request for unknown psychotropic medication consultation is not specific and fails to provide the basis of evidence to support the medical necessity of consultation with another provider. There is no identified psychotropic medication and no identified prescriber. The request for consultation is not supported by a rationale with objective evidence to demonstrate medical necessity.

Nerve conduction velocity (NCV) of the Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 48; 178; 261; 298, 301, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS.

Decision rationale: The request for the authorization of the EMG/NCS of the bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. The patient was documented to have had a prior EMG/NCV and there have been no documented changes in clinical status since that time to warrant repeated electrodiagnostic studies. There are no documented progressive neurological deficits to support the medical necessity of electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. There are no documented changes in the neurological status of the patient that would require repeated electrodiagnostic studies. The clinical narrative documented that the electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG/NCS screening examination. The provider has documented no objective findings on

examination to be further evaluated with electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require electrodiagnostic studies. The electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy which are not documented by objective findings. The EMG/NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment. There is no medical necessity for the requested electrodiagnostic studies for the evaluation of the patient at this time prior to the provision of conservative treatment. The current clinical objective findings did not demonstrate a significant change in the clinical status of the patient as to nerve entrapment neuropathies and there was not rationale for the requested electrodiagnostic study other than to "rule out" a nerve compression neuropathy or a nerve root impingement neuropathy with a screening study. There were no documented clinical changes or objective findings to support the medical necessity of an EMG/NCS/NCS study. The EMG/NCS would only be necessary to evaluate for the medical necessity of surgical intervention for moderate to severe symptoms with objective findings documented on examination. The criteria recommended by the CA MTUS, the ACOEM Guidelines or the Official Disability Guidelines for the use of electrodiagnostic studies for the BUEs were not documented by the requesting provider. There was no demonstrated objective evidence such as a neurological deficit or change in status that supports the authorization of EMG/NCS studies. There is no demonstrated medical necessity to evaluate for a bilateral upper extremity radiculopathies or peripheral neuropathies based on the objective findings documented.