

Case Number:	CM13-0020881		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2012
Decision Date:	03/12/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with a slip and fall industrial injury of June 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical patches; MRI imaging of the lumbar spine of September 20, 2012, notable for moderate-to-severe right-sided L5-S1 neuroforaminal stenosis with associated right L5 compression; epidural steroid injection therapy; a cane; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 26, 2013, the claims administrator approved a spine surgery evaluation, denied electrodiagnostic testing, denied a shoulder MRI, denied tramadol, denied Flexeril, and denied Medrox patches. The applicant's attorney subsequently appealed. In a progress note of August 6, 2013, the applicant presents with low back, mid back, right shoulder, and right leg pain. She is transferring care from another physician. She has obtained acupuncture and aquatic therapy, it is stated. She reports 8/9 low back and leg pain, it is further stated. She is on Naprosyn, tramadol, Flexeril, and Prilosec. Prilosec has helped to reduce symptoms of heartburn, it is stated, while Elavil and Gabapentin were ineffective in the past. The applicant is apparently ambulating with a wheelchair. Shoulder range of motion is limited with flexion abduction in the 90- to 100-degree range with positive signs of internal impingement appreciated. Electrodiagnostic testing of the bilateral upper extremities is sought, along with the shoulder MRI. Medications are also endorsed. The applicant is given a 15 pound lifting limitation. It does not appear that said limitation has been accommodated. It is stated that the applicant reports shoulder and wrist pain radiating to the right arm and has numbness and tingling about both the right arm and right leg. Diminished sensorium is noted about the C7 dermatome of the upper extremity. It is noted that the claims administrator cited numerous non-

MTUS Guidelines in its rationale. An earlier note of July 25, 2013 is notable for comments that the applicant is intent on pursuing an L5-S1 foraminotomy surgery. The applicant is placed off of work, on total temporary disability. An earlier note of June 25, 2013 is also notable for comments that the applicant remains on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG QTY 1: Overturned

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 8, EMG and NCS testing can help identify subtle focal neurologic dysfunction in applicants with neck or arm symptoms or both, which last greater than three to four weeks. In this case, the applicant does have neck and arm complaints. The applicant reportedly has numbness, tingling, and paresthesias about the right arm with associated neck pathology. EMG testing to clarify the source of the applicant's neck pathology is indicated and appropriate. Therefore, the original utilization review decision is over turned. The request is certified, on independent medical review

NCS QTY 1.00: Overturned

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, EMG and/or NCS testing may help identify subtle focal neurologic dysfunction in applicants with neck or arm symptoms, which last greater than 3 to 4 weeks. In this case, the applicant has had longstanding neck and arm complaints. There is evidence of dysesthesias about the right upper extremity noted. There is some suspicion on cervical radiculopathy versus focal upper extremity entrapment neuropathy present here. NCS does seem to help clarify the diagnosis is indicated. While it appears that the applicant's symptoms are confined to the right upper extremity, partial certifications are not permissible through the IMR process. On balance, given the duration of the applicant's right upper extremity complaints and associated dysesthesias, NCS testing to help define the operating diagnoses is indicated. Therefore, the request is certified, although it is noted that certification of the request does represent certification of testing involving asymptomatic left upper extremity. Nevertheless, since partial certification is not permissible here, the request is certified

MRI right shoulder QTY 1.00: 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.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, the primary criteria for pursuit of imaging studies include clarification of the anatomy prior to an invasive procedure in those applicant's who fail to progress in a strengthening program intended to avoid surgery. In this case, the applicant has longstanding right shoulder complaints and has, indeed, failed to progress in a program of strengthening intended to avoid surgery. Signs and symptoms of rotator cuff pathology were evident as of the office visit in question. The applicant had markedly limited shoulder range of motion with flexion and abduction in the 90- to 100 degree range with positive signs of internal impingement. MRI imaging to clearly delineate the applicant's shoulder complaints is indicated. Therefore, the request is certified..

Ultram ER 150mg QTY 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid therapy. In this case, however, the applicant has failed to return to work, effect any improvement in function, and/or effect any reduction in pain scores as a result of ongoing tramadol usage. The applicant is in wheelchair. She is having difficulty performing basic activities of daily living. Her pain appears heightened. She has failed to return to work. Continued tramadol in this context is not indicated. Accordingly, the request is not certified..

Flexeril 7.5mg QTY 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding

cyclobenzaprine or Flexeril to the mix is not recommended. Accordingly, the request is likewise not certified.

Medrox Patch 5% QTY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of topical agents such as Medrox. It is further noted that the applicant has used this particular topical agent chronically and failed to derive any lasting benefit or functional improvement though prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant on various forms of medical treatment, including medications, wheelchair, possible surgery, etc., taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Medrox. Accordingly, the request remains non certified, on independent medical review.