

Case Number:	CM13-0031179		
Date Assigned:	12/04/2013	Date of Injury:	03/01/2009
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. 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 patient was a 36 year old male with complaints chronic upper back pain since 2011. The patient complained of pain to both hands with numbness to right digits, right wrist, and right elbow. The patient also complained of pain to his whole back and right shoulder. The patient had possible mild tendinitis to the right 3rd finger and aggravated carpal tunnel syndrome. The patient was determined to be ok for full duty upon physical exam on 04/18/2013 and was noted as discharged from treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The request for 1 MRI of the cervical spine between 7/9/2013 and 10/26/2013 is non-certified. The patient had numbness to the right upper extremity. However, the ACOEM guidelines do not recommend imaging studies for most patients presenting with true neck or upper back problems unless a three or four week period of conservative care and

observation fails to improve symptoms. The documentation submitted for review did not address conservative care and outcomes of care in relation to the patient's symptoms. Given the information submitted for review the request for 1 MRI of the cervical spine between 7/9/2013 and 10/26/2013 is non-certified.

1 (EMG) Electromyography/NCS for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,261.

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

Decision rationale: The request for 1 EMG/NCS for the bilateral upper extremities between 7/9/2013 and 10/26/2013 is non-certified. The patient has documentation of neck and arm symptoms of pain and numbness. However, the patient documentation did not support the duration of symptoms objectively. The guidelines recommend Electromyography (EMG), and nerve conduction velocities (NCV) in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Furthermore, the documentation submitted for review did not address conservative care. The guidelines do not recommend imaging studies for most patients presenting with true neck or upper back problems unless a three or four week period of conservative care and observation fails to improve symptoms. Given the information submitted for review the request for 1 EMG/NCS for the bilateral upper extremities between 7/9/2013 and 10/26/2013 is non-certified.

Unknown prescription for topical creams: 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 Topical Analgesics Page(s): 111.

Decision rationale: The request for Unknown prescription for topical creams between 7/9/2013 and 10/26/2013 is non-certified. The guidelines state that topical creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted for review did not address whether the patient had another course of treatment for their symptoms prior to the use of the topical cream. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation submitted for review did not address the topical analgesic components. Given the information submitted the request for Unknown prescription for topical creams between 7/9/2013 and 10/26/2013 is non-certified.