MAXIMUS Federal Services

Case Number:	CM13-0035587		
Date Assigned:	12/13/2013	Date of Injury:	12/07/2012
Decision Date:	02/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 is a 47 year old female who reported an injury on December 7, 2012. The patient is diagnosed with cervical radiculopathy, right shoulder impingement syndrome, and right wrist sprain. The patient was seen by [redacted] on September 12, 2013. The patient reported ongoing cervical spine, right shoulder, right elbow, and right wrist pain as well as insomnia. Physical examination revealed paravertebral muscle spasm in the cervical spine, reduced sensation at the C6 dermatomal distribution, normal cervical range of motion, 5/5 muscle strength, positive Spurling's maneuver on the right, decreased sensation in the right shoulder with tenderness to palpation, normal range of motion of bilateral wrists, reduced grip strength, reduced sensation in the right C6 and C7 dermatomal distributions, and negative Tinel's and Phalen's testing. Treatment recommendations included an EMG and NCV of bilateral upper extremities, chiropractic treatment 3 times per week for 4 weeks for cervical traction as well as right shoulder impingement syndrome, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/Nerve Conduction Study of the upper extremities: 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 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electrodiagnostic Testing.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Although the patient demonstrates positive Spurling's maneuver and subjectively diminished sensation in the C6 dermatome, the patient demonstrated 5/5 motor strength in bilateral upper extremities. The patient also demonstrates 2+ deep tendon reflexes bilaterally. The patient only reports pain in the right shoulder with numbness and tingling to the right hand. There is no mention of a neurologic deficit in the left upper extremity that may warrant the need for bilateral upper extremity testing. There were no imaging studies provided for review; therefore proceeding with advanced diagnostic workup is not supported. There is also no evidence of this patient's recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

Chiropractic 3x4 for the cervical and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the clinical notes submitted, the patient's cervical spine examination only revealed paraspinal muscle tenderness with spasm. The patient demonstrated normal range of motion and 5/5 motor strength. Additionally, the current request for 12 sessions of chiropractic treatment for the cervical spine and right shoulder exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Norco APAP 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a urine drug screen performed to monitor compliance and screen for aberrant

behavior. There is also no evidence of a signed opiate agreement. There is no documentation of a failure to respond to non-opioid analgesics prior to the initiation of an opioid medication. Based on the clinical information received, the request is non-certified.

Orphenadrine ER 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the clinical notes submitted, the patient has been previously treated with prescription medications. Documentation of significant functional benefit following the previous use of a muscle relaxant was not provided. As guidelines do not recommend chronic use of muscle relaxants, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.