

Case Number:	CM13-0054781		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2008
Decision Date:	05/07/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 50 year old female with date of injury of 05/10/2008. The listed diagnoses per [REDACTED] dated 10/09/2013 are: 1. Status post anterior cervical discectomy C6-C7 with residuals. 2. Lumbar spine sprain/strain 3. Status post sub acromial decompression, right shoulder 4. Anxiety and depression disorder 5. Chronic pain disorder 6. Failed surgical spine disorder 7. Range of motion loss 8. Left shoulder residual motion loss, impingement syndrome. 9. Chronic sleep disorder as a result of her chronic pain syndrome The patient complains of multiple issues regarding her cervical spine and bilateral shoulders. She has pain in the neck radiating to the upper shoulder areas. She takes medication to help control her symptoms. The physical examination of the patient's cervical spine shows that she has limitations in cervical range of motion. There is some guarding and some trigger-points of discomfort with some muscle irritation noted in the cervicothoracic junction, particularly on the right side where the trapezial musculature lies. She has range of motion restrictions in both shoulders. The treater is requesting Tizanidine, EMG and NCV studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tinzanidine 4mg: Overturned

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

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

Decision rationale: This patient presents with cervical spine and bilateral shoulder pain. The treater is requesting Tizanidine, a muscle relaxant. The MTUS Guidelines pages 63-66 states that Tizanidine "is a centrally acting alpha1-andrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." In addition, it demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. Review of the reports show that the treater documents on 10/09/2013, "Apparently the muscle relaxant she has been taking intermittently, which was the Flexeril, did not go well with her and so maybe we will change it to something different. In any case, she uses it very intermittently. The last time she filled it was July 2013 and it is October now." Review of reports from 01/17/2013 to 10/18/2013 show that the patient has not used Tizanidine in the past. It would appear that this medication is being prescribed to treat the patient's myofascial pain following Flexeril which has not been effective. The request is certified.

EMG: Overturned

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 Page(s): 178. Decision based on Non-MTUS Citation (<http://www.odg-twc.com/odgtwc/neck.htm#Protocol>).

Decision rationale: This patient presents with cervical spine and bilateral shoulder pain. The treater is requesting an EMG to check for possible nerve root irritation at C7. The ACOEM guidelines page 262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." Furthermore, ACOEM page 178 states, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist... Electromyography (EMG), and nerve conduction velocities (NCV), including Hâ¿¿reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The review of over 400 pages of records do not show any recent or prior EMG/NCV. The report dated 10/09/2013 notes decreased translational motion of the vertebrae and some trigger-points of discomfort in the cervicothoracic junction. In addition, the patient reports numbness and tingling shooting down the arms into the hands with altered sensation to both hands. The treater is concerned about other possible conditions. Given that the patient has not had any recent EMG study, the request appears reasonable and consistent with the guidelines. The request is certified.

NCV: Overturned

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 Page(s): 178,262. Decision based on Non-MTUS Citation (<http://www.odg-twc.com/odgtwc/neck.htm#Protocol>).

Decision rationale: This patient presents with cervical spine and bilateral shoulder pain. The treater is requesting an NCV to check for possible nerve root irritation at C7. The ACOEM guidelines page 262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." Furthermore, ACOEM page 178 states, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist.... Electromyography (EMG), and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The review of over 400 pages of records do not show any recent or prior EMG/NCV. The report dated 10/09/2013 notes decreased translational motion of the vertebrae and some trigger-points of discomfort in the cervicothoracic junction. In addition, the patient reports numbness and tingling shooting down the arms into the hands with altered sensation to both hands. The treater is concerned about other possible conditions. Given that the patient has not had any recent NCV study, the request is reasonable. The request is certified.