

Case Number:	CM13-0062451		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2012
Decision Date:	04/03/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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, 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 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:

This is a 62 year-old male who was injured on 6/13/12. His current diagnoses include: cervical myofascial pain syndrome and cervicogenic headaches; thoracic strain; s/p right shoulder open RCR from June 2012; bilateral wrist/forearm strain; psychiatric and sleep complaints deferred. According to the 10/28/13 report from [REDACTED], the patient presents with ongoing severe right shoulder pain, and has pain, numbness, tingling in the neck to his jaw and right scapula to this elbow. He had palpable spasms in the trapezius and levator muscles. Medications brought the pain to 4/10 and pain was estimated at 9/10 without medications.. [REDACTED] requested the cervical MRI, and electrodiagnostic studies to rule out a radicular component prior to proceeding with a right shoulder surgery. On 12/3/13 UR denied the request for the cervical MRI, and authorized the EMG/NCV, and modified a request for Fexmid #60 to allow #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004)

Decision rationale: The patient presents with worsening right shoulder pain s/p open rotator cuff repair from 2012. According to the 10/28/13 report from [REDACTED], there is an orthopedic surgery who is considering further shoulder surgery, but wanted a cervical MRI as well as electrodiagnostic studies, to rule out a radicular component of the pain. The 10/28/13 physical examination did not have any positive exam findings suggestive of cervical radiculopathy. Cervical axial compression test was reported as positive, but only produced localized cervical pain without reproducing any radicular symptoms. On the 12/4/13 evaluation, there were still no physical exam findings consistent with radicular pain. MTUS/ACOEM states: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: - Emergence of a red flag - Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans". There is no physiologic evidence of neurological dysfunction, the patient is not anticipating cervical spine surgery, and there was no emergence of a red flag. The request for a cervical MRI is not in accordance with MTUS/ACOEM guidelines.

Fexmid 7.5 mg, #60: Upheld

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

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

Decision rationale: The patient presents with worsening right shoulder pain s/p open rotator cuff repair from 2012. According to the 10/28/13 report from [REDACTED], the patient was prescribed Fexmid, 7.5mg bid, #60. There were palpable muscle spasms on examination. MTUS allows for a short-course of therapy with cyclobenzaprine, but specifically states this medication is not recommended over 3-weeks. The Fexmid as prescribed will exceed the MTUS recommended duration of 3-weeks.