

Case Number:	CM14-0000878		
Date Assigned:	01/22/2014	Date of Injury:	09/19/2013
Decision Date:	06/06/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery and is licensed to practice in 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 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 claimant is a 32 year-old female who is reported to have sustained a work related injury on 09/19/13. The claimant is reported to have neck pain with radiation into the left upper extremity. She is reported to have pain and tenderness and trapezius muscle. Cervical range of motion is reduced. There is weakness of the left triceps and wrist extension is graded 4/5. MRI of the cervical spine dated 10/08/13 is reported as normal. The claimant has received multiple treatments to include oral medications, physical therapy, acupuncture, and trigger point injections. MRI of the left brachial plexus was performed on 01/02/14. This report notes that the small vessels arising from the subclavian vasculature are draped over the superior margin of the divisions of the retroclavicular plexus; however, there is no increased signal or edema within the brachial plexus. The claimant subsequently received additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM IV UNIT BETWEEN 11/13/2013 AND 2/1/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121.

Decision rationale: California Medical Treatment Utilization Schedule does not recommend NMES. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004). As such the medical necessity is not supported due to the lack of peer reviewed literature establishing the efficacy of this treatment.

NORCO 10/325MG, #120 BETWEEN 11/13/2013 AND 2/1/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The available records indicate the claimant may have sustained a brachial plexus injury. The submitted records fail to provide any substantive data regarding pain levels and the efficacy of this medication. There is no indication that Urine Drug Screening is performed to ensure compliance. As such, the claimant would not meet criteria for continued use and medical necessity is not established.

BACLOFEN 20MG BETWEEN 11/13/2013 AND 2/1/2014: Upheld

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

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

Decision rationale: The submitted clinical records suggest that the claimant may have sustained a brachial plexus injury. Physical examination does not identify or document muscle spasm for which this medication is clinically indicated. As such, the medical necessity of this medication is not established.