

Case Number:	CM14-0002334		
Date Assigned:	06/11/2014	Date of Injury:	10/29/2012
Decision Date:	07/16/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 46 year old male who had a work related injury on 10/29/2012. The injured worker was breaking down a large tent, and part of it fell on his head and he fell to the ground. He had immediate neck and arm pain. Cervical spine x-rays dated 0/31/12 shows anterior disc ossification C6-7, with reversal of normal cervical lordosis which can correlate with muscular spasm. MRI of the cervical spine dated 11/14/12 shows mild multilevel degenerative disc disease from C4-5, C5, C6, C7 with minimal posterior annular tear and disc bulge at C6-7. Mild to moderate posterior central and left paracentral disc bulge with mild central canal narrowing at C6-7. C7-T1 showed mild hypertrophic changes in the left uncovertebral joint without significant neural foraminal narrowing or spinal stenosis. The injured worker was prescribed Flexeril, Norco, tizanidine and Gabapentin, all of which have failed. The injured worker also had chiropractic treatment with only temporary relief of symptoms. On physical examination there is normal gait. Range of motion is restricted with flexion limited to 20 degrees, extension limited to 5 degrees, right lateral bending limited to 10 degrees, left lateral bending limited to 5 degrees limited by pain, lateral rotation to the left is limited to 25 degrees limited by pain, and lateral rotation to the right is limited to 30 degrees. Paravertebral muscle spasm is noted on both sides. There is tenderness noted at the left facet joints. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. Grip strength is 5-/5 on both sides. Wrist extensor strength is 5-/5 on both sides. Elbow flexors are 5-/5 on both sides. Elbow extensors are 5-/5 on both sides. Shoulder abduction is 5-/5 on both sides. Sensation to pinprick is decreased over C3 through T1 dermatomes on the left versus right. Reflexes in the upper extremities are normal. Lhermitte's maneuver is negative. Hoffman's sign is negative. Diagnosis is cervical radiculopathy, cervical strain, tension

headache, post concussion syndrome, cervical facet syndrome, cervical pain, and muscle spasm. Current medications are Pristiq and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG BILATERAL UPPER EXTREMITIES: 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 Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electrodiagnostics.

Decision rationale: The submitted clinical documentation does support the request for electromyography of the upper extremities. The injured worker was prescribed Flexeril, Norco, tizanidine and Gabapentin, all of which have failed. The injured worker also had chiropractic treatment with only temporary relief of symptoms. Grip strength is 5-/5 on both sides. Wrist extensor strength is 5-/5 on both sides. Elbow flexors are 5-/5 on both sides. Elbow extensors are 5-/5 on both sides. Shoulder abduction is 5-/5 on both sides. MRI of the cervical spine dated 11/14/12 shows mild multilevel degenerative disc disease from C4-5, C5, C6, C7 with minimal posterior annular tear and disc bulge at C6-7. Failed conservative treatment, continues to have bilateral upper extremity symptoms, as such medical necessity has been established. Therefore, the request is not medically necessary.

1 NCS BILATERAL UPPER EXTREMITIES: 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 Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electrodiagnostics.

Decision rationale: The submitted clinical documentation does support the request for EMG of the upper extremities. The injured worker was prescribed Flexeril, Norco, tizanidine and gabapentin, all of which have failed. The injured worker also had chiropractic treatment with only temporary relief of symptoms. Grip strength is 5-/5 on both sides. Wrist extensor strength is 5-/5 on both sides. Elbow flexors are 5-/5 on both sides. Elbow extensors are 5-/5 on both sides. Shoulder abduction is 5-/5 on both sides. MRI of the cervical spine dated 11/14/12 shows mild multilevel degenerative disc disease from C4-5, C5, C6, C7 with minimal posterior annular tear and disc bulge at C6-7. Failed conservative treatment, continues to have bilateral upper extremity symptoms, as such medical necessity has been established. Therefore, the request is medically necessary.

1 CERVICAL EPIDURAL INJECTION TO C7-T1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Epidural Steroid Injection.

Decision rationale: The clinical documentation does not support the request for the ESI. Range of motion is restricted with flexion limited to 20 degrees, extension limited to 5 degrees, right lateral bending limited to 10 degrees, left lateral bending limited to 5 degrees limited by pain, lateral rotation to the left is limited to 25 degrees limited by pain, and lateral rotation to the right is limited to 30 degrees. Magnetic resonance imaging of the cervical spine dated 11/14/12 shows mild multilevel degenerative disc disease from C4-5, C5, C6, C7 with minimal posterior annular tear and disc bulge at C6-7. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore medical necessity has not been established. Therefore, the request is not medically necessary.

1 TRIGGER POINT INJECTION TO CERVICAL PARAVERTEBRAL, LEFT TRAPEZIUS AND RIGHT TRAPEZIUS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Trigger Point Injections.

Decision rationale: The clinical documents submitted for review do not support the request for the procedure. Paravertebral muscle spasm is noted on both sides. There is no documentation of reproduction of arm symptoms with palpation of trigger points. Therefore medical necessity has not been established. Therefore, the request is not medically necessary.

1 PRESCRIPTION SKELAXIN 400MG TABLET: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The submitted clinical documents does not support the request for Skelaxin 400 mg. The injured worker had no benefit with previous muscle relaxant carisoprodol, as such medical necessity has not been established. Therefore, the request is not medically necessary.