

Case Number:	CM14-0011136		
Date Assigned:	02/21/2014	Date of Injury:	12/05/2008
Decision Date:	08/06/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 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 62-year-old male who has filed a claim for right shoulder sprain associated with an industrial injury date of December 05, 2008. Review of progress notes indicates low back and right shoulder pain; neck pain radiating into the right upper extremity, numbness in the right leg; and pain and numbness in the right arm and hand, mostly in the thumb. Findings include mildly decreased cervical and lumbar range of motion; decreased right shoulder range of motion; positive arm drop test and shoulder impingement test of the right shoulder; presence of multiple trigger points throughout the thoracic and lumbar regions; and decreased sensation in the right thumb and lateral aspect of right arm. MRI of the right shoulder dated January 10, 2014 showed mild impingement syndrome, and tendinosis of the rotator cuff. Treatment to date has included acupuncture, physical therapy, NSAIDs, muscle relaxants, and home exercises. Utilization review from January 07, 2014 denied the requests for EMG/NCV bilateral upper extremities and MRI of right shoulder as there was no documentation of red flag symptoms, failure of conservative management, or upcoming surgery. There was modified certification for cyclobenzaprine 7.5mg for #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG); Nerve conduction studies (NCS).

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG indicates that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The ODG indicates that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. In this case, the injured worker does not present with complaints or findings referable to the right upper extremity. Therefore, the request for EMG/NCV right upper extremity was not medically necessary.

EMG/NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG); Nerve conduction studies (NCS).

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG indicates that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The ODG indicates that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. In this case, the injured worker does not present with complaints or findings referable to the left upper extremity. Therefore, the request for EMG/NCV left upper extremity was not medically necessary.

MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI).

Decision rationale: The California MTUS guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to the ODG, indications for shoulder MRI include acute shoulder trauma with suspicion of rotator cuff tear/impingement, patients > 40 years of age, with normal plain radiographs; and subacute shoulder pain with suspicion of instability/labral tear. In this case, the injured worker presents with chronic right shoulder pain with findings suggestive of impingement and rotator cuff involvement. However, there is no documentation of prior radiographs to support an MRI at this time. Therefore, the request for MRI right shoulder was not medically necessary.

CYCLOBENZAPRINE 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The injured worker has been on this medication since at least December 2013. There is no documentation of acute exacerbation of pain, or of significant muscle spasms, to support the continued use of this medication. Therefore, the request for cyclobenzaprine 7.5mg #60 was not medically necessary.