

Case Number:	CM14-0017422		
Date Assigned:	04/14/2014	Date of Injury:	12/08/2010
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 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 an [REDACTED] employee who has filed a claim for neck sprain, lumbar sprain with neuritis, brachial neuritis, pelvic pain, and shoulder pain associated with an industrial injury date of December 08, 2010. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants including Soma, Neurontin, Xanax, Valium, Effexor, Cymbalta, Toradol injection, Duragesic patch, physical therapy, cervical epidural steroid injections to the left C4-5, and low back surgery in April 2012. The patient is currently on Motrin, Percocet, Flexeril, and Xanax. A utilization review dated January 23, 2014 indicates that the claims administrator denied a request for EMG/NCS of the left upper extremity pending cervical MRI results; aqua therapy twice a week for 3 weeks as there is no documentation indicating necessity for reduced weight bearing; Cyclobenzaprine as there is no documentation of presence of acute muscle spasms; and Xanax as there is no documentation of intent to treat over a short course. A review of progress notes reports neck pain radiating to both arms and low back pain. There is limited cervical range of motion with tenderness at the left paracervical region, left C4 and C5 radicular symptoms, and positive facet loading at bilateral C5-6 and C6-7. There is decreased sensation along the left C5, C6, and C7 distribution. There is limited lumbar range of motion with tenderness and weakness at bilateral L4, L5, and S1 distribution. There are findings consistent with impingement of the left shoulder. Lumbar MRI from March 2013 showed Grade 1 spondylolisthesis at L4 to 5 with patent foramina throughout. A cervical MRI from February 18, 2014 showed multilevel degenerative changes, mild congenital spinal cord narrowing, neuroforaminal narrowing encroaching the left C5 and C7 nerve roots. EMG/NCV from March 13, 2014 showed moderate left C5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MTUS-ACOEM EMG/NCS, ELBOW CHAPTER, 238

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM Guidelines' 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. In this case, the patient had EMG/NCV of the upper extremities done in March 2014 which showed moderate left C5 radiculopathy. There is no documentation of significant change in symptoms or findings that would warrant repeat testing in this patient at this time. Therefore, the request is not medically necessary at this time.

NCS OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MTUS-ACOEM EMG/NCS, ELBOW CHAPTER, 238

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM Guidelines' 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. In this case, the patient had EMG/NCV of the upper extremities done in March 2014, which showed moderate left C5 radiculopathy. There is no documentation of significant change in symptoms or findings that would warrant repeat testing in this patient at this time. Therefore, the request is not medically necessary at this time.

AQUA THERAPY 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AQUATIC THERAPY, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, there is no documentation stating the need for reduced weight bearing. Therefore, the request is not medically necessary and appropriate.

CYCLOBENZAPRINE HCL 7.5MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MUSCLE RELAXANTS, CA MTUS-CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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

Decision rationale: As stated in the MTUS Chronic Pain Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They also show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on muscle relaxants since at least February 2011 and on Cyclobenzaprine (Flexeril) since July 2012. It is noted that there is moderate pain relief with less muscle spasms and functional improvements with performing basic activities of daily living. However, this medication is not recommended for long-term use, and the patient is also currently on NSAIDs. Therefore, the request for Cyclobenzaprine is not medically necessary and appropriate.

XANAX .5MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: BENZODIAZEPINES, CA MTUS-CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been on this medication since at least February 2011. It is noted that this medication offers significant pain relief, less insomnia, and functional improvements in activities of daily living. However, this medication is not recommended for long-term use and physician report from June 2011 documents the recommendation to discontinue Xanax due to increased potential for dependence. Therefore, the request for Xanax is not medically necessary.