

Case Number:	CM14-0130129		
Date Assigned:	08/20/2014	Date of Injury:	04/04/2014
Decision Date:	10/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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 Neurology, has a subspecialty in Neurocritical Care 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:

Patient is a 48-year-old female with a 04/04/14 date of whiplash injury due to a car accident. 06/25/14 progress report states that the patient has ongoing pain ranging between 4 and 8/10 in the neck and upper extremities. Cervical spine examination reveals flexion 50 degrees, extension 20 degrees, lateral bending 20 degrees, rotation 60 degrees. Positive Spurling's test with pain into bilateral brachium and brachial radialis. Paraspinal spasm and tenderness. Neurological sensation is intact in all distributions, motor strength is 5-/5 in all muscles of the bilateral upper extremities. Reflexes are 2+ and symmetric. 04/08/14 x-rays are reported as normal. MRI is pending. Diagnoses: Cervical strain, cervical radiculopathy. The physician requests upper extremity EMG/NCV to evaluate for neurologic compression, while MRI is pending. The physician also requests Norco to reduce the pain and Norflex 100 mg #60, one tablet b.i.d. p.r.n. for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #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 muscle relaxants. Decision based on Non-MTUS Citation ODG Neck Chapter: Muscle relaxants

Decision rationale: The records do not indicate any objective functional gains from ongoing prescription of this muscle relaxant. In addition, this medication has pronounced anticholinergic effects such as drowsiness, urinary retention, dry mouth. Recommendation: Non-certify.

Electromyography (EMG) bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter electromyography (EMG)

Decision rationale: The patient has been certified for cervical MRI and this is pending. There is no rationale for concurrent requests for MRI and EDS. Until the results of cervical MRI are obtained, ordering EDS would be unnecessary and is not supported by the guidelines. In diagnosing radiculopathy EDS have no presumed benefit over MRI. Non-certify.

Nerve conduction velocity (NCV) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The patient has been certified for cervical MRI and this is pending. There is no rationale for concurrent requests for MRI and EDS. Until the results of cervical MRI are obtained, ordering EDS would be unnecessary and is not supported by the guidelines. In diagnosing radiculopathy EDS have no presumed benefit over MRI. Non-certify.