MAXIMUS Federal Services

Case Number:	CM14-0034581		
Date Assigned:	06/20/2014	Date of Injury:	03/05/2005
Decision Date:	07/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurological Surgery 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 38-year-old female was reportedly injured on March 5, 2005. The mechanism of injury is noted as somebody falling on the injured employee's left shoulder. The most recent progress note dated February 26, 2014, indicates that there are ongoing complaints of neck pain radiating to the left arm with numbness and tingling in the ring finger and little finger of the left hand. The physical examination demonstrated difficulty lifting the left arm and popping sensations. There was tenderness over the rhomboid and left trapezius as well as left paracervical muscles with muscle spasms. There was a positive Tinel's test at the elbow. Muscle strength was rated at 5/5. Trigger points were stated to be noted with a palpable twitch response. There was tenderness at the left shoulder anterior aspect, acromion, and core cord. The treatment plan included physical therapy, Flexeril, Tramadol, and an elbow brace to wear at nighttime. An MRI the cervical spine, an MRI of the left shoulder, and upper extremity electrodiagnostic (EMG/NCV) studies were also recommended. A request was made for physical therapy, Flexeril, Tramadol, EMG/NCV studies, and trigger point injections and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy six (6) visits, two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines Myalgia and myositis, unspecifiedNeuralgia, neuritis, and radiculitis, unspecified.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 58-59.

Decision rationale: The stated date of injury for the injured employee occurred over nine years ago. It is almost certain that the injured employee has previously participated in physical therapy for the neck and shoulder in the past during that time. By this point, the injured employee should be well versed to what is required of them for therapy and should be able to continue this on their home with a home exercise program. This request for physical therapy is not medically necessary.

Flexeril 5mg #30: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines non-sedating must relaxants are indicated as a short term second line option for treatment of acute exacerbations of individuals with chronic low back pain. According to the medical record provided there is no documentation of the injured employee experiencing low back pain or acute exacerbations or a flare up of symptoms. This request for Flexeril is not medically necessary.

Tramadol #60 (undefined dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OpioidsCriteria for use of Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 74 of 127.

Decision rationale: According to the attached medical record, there is no indication that first-line medications such as anti-inflammatories have failed to provide pain relief. Tramadol is not considered a first line analgesic. This request for Tramadol is not medically necessary.

Electromyography (EMG) Study: Upheld

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): 174.

Decision rationale: The injured employee has apparently had a previous electromyography (EMG) and nerve conduction study; however, those results were not provided. It is not stated why there is a desire for a new study. This request for an EMG is not medically necessary.

Nerve Conduction Velocity (NCV) Study: Upheld

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): 174.

Decision rationale: The injured employee has apparently had a previous EMG and nerve conduction study; however, those results were not provided. It is not stated why there is a desire for a new study. This request for a nerve conduction study is not medically necessary.

Trigger Point Injections to left trapezius and supraspinatus muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 122.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for those with radicular symptoms and objective findings. The physical examination dated February 26, 2014, notes and abnormal neurological examination of the upper extremities. This request for trigger point injections is not medically necessary.