

Case Number:	CM14-0065049		
Date Assigned:	07/11/2014	Date of Injury:	03/17/2011
Decision Date:	08/28/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 female with reported date of injury on 03/17/2011. The mechanism of injury was reportedly caused by loading donations. The injured worker's diagnoses included cervical radiculopathy, shoulder impingement, and lumbar radiculopathy. Previous treatment included MRI of the neck, shoulder, and back, light duty, activity modification, nerve conduction studies, and she was considered for a surgical candidate. The injured worker underwent 2 epidurals in her neck and 3 in her low back. The injured worker presented with complaints of pain in the neck, with frequent headaches and continuous pain in her shoulders, becoming sharp, shooting, stabbing, and throbbing. In addition, the injured worker suffers from depression, stress, and anxiety. Upon physical examination, the injured worker's cervical spine revealed flexion to 40 degrees, extension to 40 degrees, right rotation to 45 degrees, left rotation to 55 degrees, and lateral bending to 50 degrees bilaterally. Physical examination of the shoulders, presented with no spasm present in the paraspinal muscles. Range of motion of the lumbar spine revealed right rotation to 20 degrees, left rotation to 20 degrees, right lateral bending, and left lateral bending to 20 degrees, extension to 20 degrees, and flexion to 20 degrees. The injured worker's medication regimen included naproxen sodium, omeprazole, and orphenadrine ER. The rationale for the request was not provided within the documentation available for review. The request for authorization for chiropractic 3 x 4 to the neck, low back, and shoulders, EMG of bilateral lower and upper extremities, and the orphenadrine ER 100 mg 1 two times a day #60 with 2 refills was submitted on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 to neck, low back, shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page(s) 58 Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy manipulation is recommended for chronic pain infused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therapeutic care is recommended at a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The request for 12 chiropractic visits exceeds the recommended guidelines. Therefore, the request for chiropractic 3 x 4 to the neck, low back, and shoulders is non-certified.

EMG of the bilateral lower and upper extremity: 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), Low Back Chapter, Electrodiagnostic Studies (EDS), and Electromyography (EMG).

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) Low Back, EMGs.

Decision rationale: The MTUS/ACOM guidelines suggest that evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings indicating specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction (NCV) may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms. The ODG recommends EMGs as an option. EMGs may be useful to obtain unequivocal evidence of radiculopathy after one (1) month of conservative treatment, but EMGs are not necessary if radiculopathy is already clinically obvious. The clinical note dated 04/03/2014 indicates the injured worker previously underwent EMG/NCV studies, the results of which were not provided within the documentation available for review. There is a lack of documentation related to the injured worker having signs of neurological deficit. Sensory exam showed no deficit in any of the dermatomes of the upper extremities to pin prick or light touch. The rationale for the request was not provided within the documentation available for review. Therefore, the request for EMG of the bilateral lower and upper extremities is not medically necessary.

Orphenadrine ER 100mg, #60 with 2 refills: Upheld

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

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

Decision rationale: The MTUS guidelines recommend using muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they showed no benefit beyond NSAIDS in pain and overall improvement. The effectiveness of muscle relaxants appears to diminish over time, and the prolonged use of some medications in this class may lead to dependence. The clinical information provided for review indicates the injured worker has utilized orphenadrine prior to January 2014. There is a lack of documentation as to the functional therapeutic benefit in the ongoing use of orphenadrine. There is a lack of documentation related to the injured worker's VAS pain scale. In addition, the guidelines recommend the use of muscle relaxants on a short term basis and in short term treatment for acute exacerbations in patients with low back pain. Therefore, the request for orphenadrine ER 100 mg #60 with 2 refills is not medically necessary.