

Case Number:	CM14-0080346		
Date Assigned:	07/18/2014	Date of Injury:	02/23/2010
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 Rehabilitation has a subspecialty in Interventional Spine 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 a 51-year-old male with an injury date of 02/23/2010. According to the 04/29/2014 progress report, the patient complains of neck pain, shooting pain going from his left wrist up to his upper extremity, and pain radiating to the left side of his chest. The patient also claims that he has developed numbness in his pelvic region. The patient has a history of chronic musculoskeletal pain, COPD, depression, dizziness, eczema, headaches, pneumonia, psychiatric disease, and a history of sleep disturbance. Upon examination, there was tenderness to palpation noted along the cervical bony prominences, particularly at C7. Sensation to light touch is reduced in C6, C7, and C8 dermatomes in the left when compared to the right. The patient's diagnoses include the following: 1. Carpal tunnel syndrome. 2. Neck pain. 3. Cervical spondylosis. The request is for the following: 1. EMG right upper extremity between 05/02/2014 and 08/01/2014. 2. Cervical spine MRI between 05/02/2014 and 08/01/2014. 3. Baclofen 10 mg #90 between 05/02/2014 and 08/01/2014. 4. EMG of the left upper extremity between 05/02/2014 and 08/01/2014. The utilization review determination being challenged is dated 05/19/2014. Two treatment reports were provided from 10/17/2013 and 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right upper extremity between 5/2/14 and 8/1/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 04/29/2014 progress report, the patient complains of neck pain, shooting pain going from his left wrist up to his upper extremities, and pain radiating to the left side of his chest. The request is for an EMG of the right upper extremity between 05/02/2014 and 08/01/2014. For EMG, ACOEM Guidelines page 262 states, appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. An EMG may help the treater pinpoint the cause and location of the patient's symptoms therefore EMG right upper extremity between 5/2/14 and 8/1/14 is medically necessary.

Cervical Spine MRI between 5/2/14 and 8/1/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: According to the 04/29/2014 progress report, the patient complains of neck pain, shooting pain going from his left wrist up to his upper extremities, and pain radiating to the left side of his chest. The request is for a Cervical spine MRI between 08/02/14 and 08/01/14. For the past few weeks, patient has been having a severe flareup of neck and left upper extremity pain. He had also had weakness in his left upper extremity. The patient previously had an MRI of the cervical spine in 10/30/2012 which showed a mild right neuroforaminal narrowing due to facet changes at both C3-C4 and C4-C5 and small disk protrusions at C5-C6 and C6-C7 with mild central stenosis. ACOEM Guidelines state, Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this, the patient is flared-up with increased symptoms but does not present with any red flags such as myelopathy, bowel/bladder symptoms and examination is unremarkable therefore cervical spine MRI between 5/2/14 and 8/1/14 is not medically necessary.

Baclofen 10mg #90 between 5/2/14 and 8/1/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: According to the 04/29/2014 progress report, the patient presents with neck pain, shooting pain going from the left wrist up to the upper extremity, and pain radiating to the left side of his chest. The request is for baclofen 10 mg #90 between 05/02/2014 and 08/01/2014 for muscle spasms. For muscle relaxants for pain, the MTUS Guidelines page 63 states, recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations to patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain in overall improvement. A short course of muscle relaxant for patient's reduction of pain and muscle spasms is appropriate but not for long term. The treater would like to provide 90 tablets of baclofen which is considered long-term use therefore Baclofen 10mg #90 between 5/2/14 and 8/1/14 is not medically necessary.

EMG Left Upper extremity between 5/2/14 and 8/1/14: Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 04/29/2014 progress report, the patient presents with neck pain, shooting pain going from the left wrist up to the upper extremity, hand pain radiating to the left side of his chest. The request is for an EMG of the left upper extremity between 05/02/2014 and 08/01/2014. For EMG, ACOEM Guidelines page 262 states, appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies, or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. An EMG may be helpful to the treater to locate the cause of the patient's symptoms therefore EMG left upper extremity between 5/2/14 and 8/1/14 is medically necessary.