MAXIMUS Federal Services

Case Number:	CM15-0109390		
Date Assigned:	06/16/2015	Date of Injury:	11/21/2014
Decision Date:	09/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old female sustained an industrial injury on 11/21/14. She subsequently reported neck and right shoulder pain. Diagnoses include cervical strain, cervical degenerative disc disease, shoulder strain and cervical radiculitis. Treatments to date include physical therapy, modified work duty and prescription pain medications. The injured worker continues to experience right shoulder and upper extremity pain. Upon examination, there was tenderness to palpation at the anterior capsule/cuff, reduced range of motion and rotator cuff weakness. Dull right C7 and Dull C6 spasm of the right upper trapezius, tenderness to palpation along C5-7 was noted, motion is guarded due to pain. A request for Saunders cervical traction trial, Anaprox 550mg #60, Increase Tramadol to 50mg (from 37.5mg), Continue Flexeril (unspecified dose and qty), MRI of the cervical spine and Electromyograph (EMG) and nerve conduction velocity (NCV) of the right upper extremity was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saunders cervical traction trial: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home cervical autotraction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: This patient present persistent neck and right arm pain at 7-8/10 intensity. Pain refers to dorsal aspect of the right hand. The request is for Saunders cervical traction unit trial. Examination showed tenderness, decreased sensation over the dorsal and volar right hand, right shoulder at 4/5 strength, with 5/5 for the rest, normal ROM. Shoulder impingement signs were positive with positive right compression sign over the wrist. MRI of C-spine from 4/23/15 showed canal stenosis at 4-5 mild to moderate but no other abnormalities. The patient is not working as there is no accommodation. ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction." These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG guidelines Chapter Neck & Upper back, under Traction: Recommend home cervical autotraction (patient controlled) devices for patients with radicular symptoms, but not powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. This patient presents with persistent neck and right upper extremity symptoms that appear to be in a dermatomal distribution. The ACOEM does not support traction but ODG supports it for radicular symptoms. The patient has not tried traction, and given the patient's significant arm symptoms, trial of non-motorized traction would appear medically reasonable and supported by the ODG. The request IS medically necessary.

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Requested Treatment: Anaprox 550mg #60. This patient present persistent neck and right arm pain at 7-8/10 intensity. Pain refers to dorsal aspect of the right hand. The request is for Anaprox 550mg #60. Examination showed tenderness, decreased sensation over the dorsal and volar right hand, right shoulder at 4/5 strength, with 5/5 for the rest, normal ROM. Shoulder impingement signs were positive with positive right compression sign over the wrist. MRI of C-spine from 4/23/15 showed canal stenosis at 4-5 mild to moderate but no other abnormalities. The patient is not working, as there is no accommodation. MTUS p22, Anti-inflammatory medications: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Without meds, it is 10/10, and 7/10 with

meds. "Naprosyn during the day is better tolerated with mild gastritis and the Voltaren provides minimal relief." "She notes relief with the medications and application of heat packs." Given some benefit from the use of this medication, and drop of VAS by 3 points, the request IS medically necessary.

Increase Tramadol to 50mg (from 37.5mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient present persistent neck and right arm pain at 7-8/10 intensity. Pain refers to dorsal aspect of the right hand. The request is for Increase Tramadol to 50mg (from 37.5mg). Examination showed tenderness, decreased sensation over the dorsal and volar right hand, right shoulder at 4/5 strength, with 5/5 for the rest, normal ROM. Shoulder impingement signs were positive with positive right compression sign over the wrist. MRI of C-spine from 4/23/15 showed canal stenosis at 4-5 mild to moderate but no other abnormalities. The patient is not working as there is no accommodation. For chronic opiates use, MTUS guidelines p88, 89 Long-term users of opioids section require specific documentations regarding pain and function. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the use of opiates require a detailed documentation of the four A's. However, the treater does not provide much in terms of significant ADL changes. The patient has not returned to work and without a discussion as to how this synthetic opiate is benefitting the patient functionally, on-going use would not be supported. The only statement provided regarding Tramadol is that it's helpful but results in drowsiness. There is no explanation as to what increasing this medication will do for the patient, with expected increase in drowsiness. The request IS NOT medically necessary.

Continue Flexeril (unspecified dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient present persistent neck and right arm pain at 7-8/10 intensity. Pain refers to dorsal aspect of the right hand. The request is for Continue Flexeril (unspecified dose and qty). Examination showed tenderness, decreased sensation over the dorsal and volar right hand, right shoulder at 4/5 strength, with 5/5 for the rest, normal ROM. Shoulder impingement signs were positive with positive right compression sign over the wrist. MRI of C-

spine from 4/23/15 showed canal stenosis at 4-5 mild to moderate but no other abnormalities. The patient is not working as there is no accommodation. MTUS pg 64, Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks. In this case, there is no specific discussion regarding the use of this medication. There is no indication that this medication is prescribed for a short-term use. Long- term use of this medication is not supported by MTUS. The request IS NOT medically necessary.

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 117-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical, thoracic, upper back.

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

Decision rationale: This patient present persistent neck and right arm pain at 7-8/10 intensity. Pain refers to dorsal aspect of the right hand. The request is for MRI of the cervical spine. Examination showed tenderness, decreased sensation over the dorsal and volar right hand, right shoulder at 4/5 strength, with 5/5 for the rest, normal ROM. Shoulder impingement signs were positive with positive right compression sign over the wrist. MRI of C-spine from 4/23/15 showed canal stenosis at 4-5 mild to moderate but no other abnormalities. The patient is not working as there is no accommodation. ACOEM guidelines has the following criteria for ordering imaging studies: (pp177, 178) Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ODG Chapter Neck & Upper back, under MRI section: Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT "normal" known cervical spine trauma: equivocal or positive plain films with neurological deficit. In this case, the patient does present with neurologic symptoms and signs, that of radicular pain down the arm. The patient has not had an MRI of C-spine prior to the one obtained on 4/23/15, the current request at hand, and the request IS appropriate and medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic testing.

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

Decision rationale: This patient present persistent neck and right arm pain at 7-8/10 intensity. Pain refers to dorsal aspect of the right hand. The request is for Electromyograph (EMG) and nerve conduction velocity (NCV) of the right upper extremity. Examination showed tenderness, decreased sensation over the dorsal and volar right hand, right shoulder at 4/5 strength, with 5/5 for the rest, normal ROM. Shoulder impingement signs were positive with positive right compression sign over the wrist. MRI of C-spine from 4/23/15 showed canal stenosis at 4-5 mild to moderate but no other abnormalities. The patient is not working as there is no accommodation. ACOEM guidelines Page 178 in neck chapter states, Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory "evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Given the patient's radiating symptoms into the upper extremity and the hand symptoms, the requested EMG/NCV studies are medically reasonable. The records do not show evidence of prior EMG/NCV studies. The request IS medically necessary.