

Case Number:	CM15-0143910		
Date Assigned:	08/04/2015	Date of Injury:	07/14/2009
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii

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:

The injured worker is a 46 year old female who sustained "industrial continuous trauma" from 7-14-08 to 7-14-09. She developed pain in her cervical spine, both shoulders, elbows, hands, and wrists with numbness and tingling affecting all fingers of both hands. Documentation indicates that this is a result of repetitive motion. The records indicate that, initially, the injured worker "ignored" her symptoms and continued to work, believing that she could "work through" her complaints. However, over time, her symptoms began to deteriorate. She has a history of prior injuries in 2003, which she also attributes to work-related activities. She experienced a syncopal episode for which she attributed to stress and anxiety related to feeling overwhelmed at work. As a result of the syncopal episode, she fell on both knees. Diagnostic testing was completed and she was released on analgesic medications and attended physical therapy on two occasions. When she returned to work, she experienced persistent cervical spine, bilateral shoulder, bilateral elbow, bilateral hand and wrist "complaints". She was referred to an orthopedic surgeon, who conducted x-rays and an MRI of the cervical and lumbar spine. She also underwent electrodiagnostic studies. She received corticosteroid injections by a pain management physician which gave her "transient relief". The prior work-related case resulted in settlement of "58% permanent disability". She continued to have worsening pain in her cervical spine, bilateral shoulders, elbows, hands, wrists, and lumbar spine. She was treated with chiropractic services and medications. In July 2009, she stopped working due to worsening headaches, cervical spine and lower back pain. In November 2009, she underwent another MRI and electrodiagnostic studies. Recommendations were for a pain management consultation, who recommended cervical corticosteroid injections, which was, ultimately, denied by the

insurance carrier. As an alternative, trigger point injections were administered and a rheumatological consult was ordered. This, too, was denied by insurance. She was also referred to a psychiatrist for "emotional complaints". She developed gastric complaints associated with her analgesic medications, which were addressed by an internist. In November 2013, a rheumatology consult, again, was ordered following an MRI of the lumbar spine. She was seen by a rheumatologist and diagnosed with Fibromyalgia. She was treated with oral and topical analgesics. Pool therapy was recommended, but denied by insurance. She underwent a cervical epidural steroid injection, which decreased her symptoms by "40-50%". Diagnoses include cervical spine sprain, strain, thoracic spine sprain, strain, Lumbar spine sprain, strain, bilateral shoulder myofascial strain, bilateral tenosynovitis, de Quervain's, medial, lateral epicondylitis, and carpal tunnel syndrome. In December 2014, examination revealed continued symptoms as noted above with tenderness noted over the paravertebral musculature bilaterally, upper trapezius muscle and levator scapula. She was noted to have limitation of range of motion and increased pain in all motion ranges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #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 (for pain) Page(s): 63-66.

Decision rationale: The patient presents with cervical spine pain with pain affecting the left upper extremity. The current request is for Robaxin 500mg #60. The treating physician's hand written reports are partially illegible. The patient has been prescribed muscle relaxants since at least November of 2014. The MTUS guidelines only allow a short course of therapy, not longer than 2-3 weeks for muscle relaxants. In this case, the treating physician has prescribed this medication for long-term usage which is not supported by MTUS. The current request is not medically necessary.

Left upper trapezial (TP) injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The patient presents with cervical spine pain with pain affecting the left upper extremity. The current request is for Left upper trapezial (TP) injection under ultrasound guidance. The treating physician states, TP left trap moderate. The MTUS guidelines do support TP injections when all of the required criteria are met. In this case, the treating physician has not

documented evidence upon palpation of a twitch response or referred pain, no duration of symptoms is noted, there is documentation of radiculopathy which must not be present for trigger point injections and finally the usage of ultrasound guidance is not recommended. The current request is not medically necessary.