

Case Number:	CM15-0020749		
Date Assigned:	02/10/2015	Date of Injury:	04/24/2007
Decision Date:	05/19/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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:

The injured worker is a 50 year old male, who sustained an industrial injury on April 24, 2007. He has reported neck pain and inability to feel anything on the right side of his body from his face to his legs. The diagnoses have included cervical 5-6 and cervical 6-7 disc herniation with bilateral cervical radiculopathy and lumbar 5-scaral 1 disc herniation without radiculopathy. Treatment to date has included x-rays of the cervical and lumbar spines and MRI. On December 29, 2014, the treating physician noted burning neck pain and aching back pain. The physical exam revealed an antalgic gait, compromised bilateral toe and heel walking. The cervical spine exam revealed mild bilateral torticollis, markedly positive head compression test, positive bilateral Spurling's maneuver, exquisite bilateral tenderness and muscle spasm at rest and on range of motion, pain on scapular retraction, and bilateral levator scapula swelling/inflammation. There was moderately decreased range of motion, diminished biceps and triceps reflexes diminished muscle strength of the biceps, wrists, and fingers; and diminished sensation of the dorsum of the hand, and volar aspect of the forearm and palm. The lumbar spine exam revealed significant tenderness in the paralumbar musculature, positive sciatic stretch signs, straight leg raise testing, and contralateral straight leg raise. There was significantly decreased range of motion from the mid thoracic spine down and the bilateral paraspinous spasm increased on range of motion. The treatment plan included the injured worker was given a steroid injection and a non-steroidal anti-inflammatory injection, an MRI, electromyography/nerve conduction velocity, and muscle relaxant, non-steroidal anti-inflammatory, oral analgesic, and topical analgesic medications. On February 4, 2015, the injured worker submitted an application for IMR for

review of requests for 1 MRI scan of the cervical spine, 1 EMG/NCV (electromyography/nerve conduction velocity) study of the upper extremities, 1 intramuscular injection of Depo Medrol and Kenalog, 1cc of Depo Medrol and 2 cc of Kenalog, and 1 prescription of Gaba/Cyclo/Keto/Caps/Menth/Camp cream, 180gm. The MRI scan and electromyography/nerve conduction velocity study was non-certified based on lack of attempts of conservative care for this episode. The Depo Medrol and Kenalog were non-certified based on the lack of evidence of significant proven benefit in treating neck and upper back symptoms. The Gaba/Cyclo/Keto/Caps/Menth/Camp cream was non-certified based on the lack of for gabapentin as a topical agent. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guideline and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had diminished biceps and triceps reflexes. The injured worker had mild bilateral torticollis and markedly positive head compression test with a positive bilateral Spurling's maneuver and exquisite bilateral tenderness and muscle spasm at rest and on range of motion. However, there was a lack of documentation of conservative care specifically directed at the cervical spine. Given the above, the request for one MRI of the cervical spine is not medically necessary.

EMG/NCV study of the upper extremities: 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): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that 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. There should be documentation of 3-4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care specifically directed at the cervical spine. The documented rationale included that the injured worker had significant radiating arm or neck symptoms lasting greater than 4 weeks without obvious nerve level. However, as there was a lack of documentation of conservative care, this request would not be supported. There was a lack of myotomal or dermatomal findings to support a nerve conduction study. Given the above, the request for EMG/NCV study of the upper extremities is not medically necessary.

Intramuscular injection of Depo Medrol and Kenalog, 1cc Medrol 2 cc of Kenalog: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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

Decision rationale: The ACOEM Guidelines indicate that invasive techniques have no proven benefit in treating acute neck or upper back symptoms including corticosteroids. The clinical documentation submitted for review indicated the injured worker had not improved with more conservative therapy. However, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above and the lack of documented rationale, the request for intramuscular injection of Depo Medrol and Kenalog, 1cc Medrol 2 cc of Kenalog is not medically necessary.

60 Cyclobenzaprine 7.5 mg: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation indicating a necessity for more than 3 weeks of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 cyclobenzaprine 7.5 mg is not medically necessary.

One prescription of Gaba/Cyclo/Keto/Caps/Menthl/Camp cream 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin, Topical Cyclobenzaprine, Ketoprofen, Salicylate Topicals Page(s): 111, 113, 113, 112, 105.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Gabapentin: Not recommended. There is no peer-reviewed literature to support use do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA approved for a topical application. Salicylate topicals are recommended. The clinical documentation submitted for review failed to provide documentation of a trial and failure of an antidepressant and anticonvulsant. There was a lack of documentation indicating the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for one prescription of gaba/cyclo/keto/caps/menthl/camp cream 180 gm is not medically necessary.