

<b>Case Number:</b>	CM15-0030276		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 54 year old female who sustained an industrial injury on 07/21/13. She reports continued pain in the left shoulder and left elbow with some numbness in the neck. Diagnoses include chronic myofascial pain syndrome, cervical spine strain, left rotator cuff syndrome, left cervical radiculopathy, and left elbow pain. Treatments to date include medication, and acupuncture. In a progress note dated 02/03/15 the treating provider recommends Naprosyn, Omeprazole, flexeril, Neurotic, and urine screen. On 02/03/15 Utilization Review non-certified Psychological Behavioral Counseling, Flexeril, citing MTUS guidelines and an EMG/NCV to the bilateral upper extremities citing ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Behavioral Counseling (2 times/month x 3 months):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101, 23. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents with left side of the neck, left shoulder and Left elbow pain radiating to mid back. The request is for PSYCHOLOGICAL BEHAVIORAL COUNSELING (2 TIMES / MONTH X 3 MONTHS). The request for authorization was not provided. She does report of intermittent tingling and numbness in the left hand. MRI of the left shoulder 01/30/14 shows focal T2 lengthening signal seen at the articular surface of the subscapularis tendon at the level of the glenohumeral joint. MRI of the cervical spine 01/30/14 shows C5-C6 mild diffuse disc bulge and posterior lateral osteophyte formation complex causing mild right neural foraminal narrowing, C4-C5 and C6-C7 mild diffuse disc bulge, no significant stenosis. Range of motion is restricted and painful in the cervical spine and left shoulder. Patient has been treated with several sessions of physical therapy and 24 sessions of chiropractic therapy, however, she does not report of any significant improvement with the therapy sessions. She states that she tries to do stretching exercises at home and walks regularly on a treadmill about 5 times a week. Patient continues to experience stress and anxiety related to the assault and is under the care of psychologist. Patient's medications include Omeprazole, Neurontin, Flexeril, Naproxen, Vimovo and Lidoderm patch. Patient is working full duty. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 02/04/15, treater's reason for the request is "The patient has demonstrated signs and symptoms of depression secondary to her primary injury." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a referral with a psychologist. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with left side of the neck, left shoulder and left elbow pain radiating to mid back. The request is for FLEXERIL 7.5MG #90. The request for authorization was not provided. She does report of intermittent tingling and numbness in the left hand. MRI of the Left shoulder 01/30/14 shows focal T2 lengthening signal seen at the articular surface of the subscapularis tendon at the level of the glenohumeral joint. MRI of the cervical spine 01/30/14 shows C5-C6 mild diffuse disc bulge and posterior lateral osteophyte formation complex causing mild right neural foraminal narrowing, C4-C5 and C6-C7 mild diffuse disc bulge, no significant stenosis. Range of motion is restricted and painful in the cervical spine and left shoulder. Patient has been treated with several sessions of physical therapy and 24 sessions of chiropractic therapy, however, she does not report of any significant improvement with the

therapy sessions. She states that she tries to do stretching exercises at home and walks regularly on a treadmill about 5 times a week. Patient continues to experience stress and anxiety related to the assault and is under the care of psychologist. Patient's medications include Omeprazole, Neurontin, Flexeril, Naproxen, Vimovo and Lidoderm patch. Patient is working full duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided reason for the request. It appears that the patient might be initiating the use of Flexeril with this prescription as prior reports do not show a prescription for Flexeril. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for quantity #90 does not indicate intended short-term use and would exceed MTUS recommendation. Therefore, the request IS NOT medically necessary.

**EMG LUE/ NCS LUE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with left side of the neck, left shoulder and left elbow pain radiating to mid back. The request is for EMG LUE / NCS LUE. The request for authorization was not provided. She does report of intermittent tingling and numbness in the left hand. MRI of the left shoulder 01/30/14 shows focal T2 lengthening signal seen at the articular surface of the subscapularis tendon at the level of the glenohumeral joint. MRI of the cervical spine 01/30/14 shows C5-C6 mild diffuse disc bulge and posterior lateral osteophyte formation complex causing mild right neural foraminal narrowing, C4-C5 and C6-C7 mild diffuse disc bulge, no significant stenosis. Range of motion is restricted and painful in the cervical spine and left shoulder. Patient has been treated with several sessions of physical therapy and 24 sessions of chiropractic therapy, however, she does not report of any significant improvement with the therapy sessions. She states that she tries to do stretching exercises at home and walks regularly on a treadmill about 5 times a week. Patient continues to experience stress and anxiety related to the assault and is under the care of psychologist. Patient's medications include Omeprazole, Neurontin, Flexeril, Naproxen, Vimovo and Lidoderm patch. Patient is working full duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) 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, tests may be repeated later in the course of treatment if symptoms persist. Treater has not provided reason for the request. However, given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCS studies would appear reasonable. Per progress

report dated 01/07/15, treater states, "On neurological examination of the upper extremities patient has difficulty cooperating with motor exam on the left side due to pain." Furthermore, there is no evidence that this patient has had prior upper extremity EMG/NCS studies done. Therefore, the request IS medically necessary.

**NCS RUE/EMG RUE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with Left side of the neck, Left shoulder and Left elbow pain radiating to mid back. The request is for NCS RUE / EMG RUE. The request for authorization was not provided. She does report of intermittent tingling and numbness in the Left hand. MRI of the Left shoulder 01/30/14 shows focal T2 lengthening signal seen at the articular surface of the subscapularis tendon at the level of the glenohumeral joint. MRI of the cervical spine 01/30/14 shows C5-C6 mild diffuse disc bulge and posterior lateral osteophyte formation complex causing mild Right neural foraminal narrowing, C4-C5 and C6-C7 mild diffuse disc bulge, no significant stenosis. Range of motion is restricted and painful in the cervical spine and Left shoulder. Patient has been treated with several sessions of physical therapy and 24 sessions of chiropractic therapy, however, she does not report of any significant improvement with the therapy sessions. She states that she tries to do stretching exercises at home and walks regularly on a treadmill about 5 times a week. Patient continues to experience stress and anxiety related to the assault and is under the care of psychologist. Patient's medications include Omeprazole, Neurontin, Flexeril, Naproxen, Vimovo and Lidoderm patch. Patient is working full duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) 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, tests may be repeated later in the course of treatment if symptoms persist. Treater has not provided reason for the request. However, given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCS studies would appear reasonable. Per progress report dated 01/07/15, treater states, "On neurological examination of the upper extremities patient has difficulty cooperating with motor exam on the left side due to pain." Furthermore, there is no evidence that this patient has had prior upper extremity EMG/NCS studies done. Therefore, the request IS medically necessary.