

Case Number:	CM15-0031096		
Date Assigned:	02/24/2015	Date of Injury:	04/14/2011
Decision Date:	05/19/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 56 year old female, who sustained a work/ industrial injury on 4/14/11 while working as a psychiatric social worker. She has reported symptoms of left shoulder and neck pain along with left leg pain and numbness. Prior medical history includes hypertension, diabetes mellitus, and myasthenia gravis, and anxiety disorder. The diagnoses have included bilateral shoulder internal derangement, right wrist s/p carpal tunnel release on 4/18/14; brachial neuritis/radiculitis, and lumbosacral neuritis or radiculitis. Treatments to date included medications, psychiatric care, physical therapy, left shoulder manipulation under anesthesia, multiple steroid injections to shoulders, bilateral shoulder arthroscopy, and carpal tunnel release. Medications included Neurontin, Cyclobenzaprine, Gabapentin, and Omeprazole. The treating physician's report (PR-2) from 1/24/15 indicated constant left shoulder pain rated 8/10 described as dull and achy along the posterior left shoulder. There was also achy neck pain rated 6-7/10. There was achy and numbness type bilateral wrist complaints along with left lower extremity pain and numbness. Physical exam noted mild to moderate tenderness over the acromion, supraspinatus and infraspinatus on the left shoulder, positive impingement and empty cans test, and healed surgical incisions for the left shoulder. There was hyperesthesia over the left C6-C7 dermatomes, strength graded 5-/5 on the left and reflexes graded at ¼ on the left. There was hyperesthesia over the right L5-S1 dermatomes and reflexes were ¼ bilaterally. A request was made for chiropractic treatment, Functional Capacity Evaluation (FCE) to address current abilities/limitations, electromyogram/nerve conduction velocity test (EMG/NCV), and

Cyclobenzaprine. On 2/10/15, Utilization Review modified Chiropractic, twice weekly for four weeks to Chiropractic (6) visits ; non-certified Cyclobenzaprine 10 mg, 180 count; and EMG/NCS of the bilateral upper and lower extremities, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines. A Request for Authorization Form was submitted on 01/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy would exceed guideline recommendations. The request as submitted failed to indicate the specific body part to be treated. Therefore, the request is not medically appropriate.

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Evaluation when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management has been hampered by complex issues and the timing is appropriate. The injured worker was pending authorization for a transfer of care as well as chiropractic therapy and electro diagnostic studies. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. In addition, there was no documentation of any previous unsuccessful return to work attempts. Given the above, the request is not medically appropriate.

Cyclobenzaprine 10 mg, 180 count: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the requested medication has not been established in this case. The guidelines do not support long term use of this medication. There was no frequency listed in the request. As such, the request is not medically appropriate at this time.

EMG/NCS of the bilateral upper and lower extremities: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Electromyography, including H reflex tests, may also be helpful in identifying neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no documentation of a failure to respond to any recent conservative treatment for the cervical or lumbar spine. The medical necessity for the requested electro diagnostic testing has not been established in this case. Therefore, the request is not medically appropriate.