

Case Number:	CM15-0036746		
Date Assigned:	03/05/2015	Date of Injury:	04/21/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona

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 21-year-old female who reported an injury on 04/21/2014. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with cervical spine sprain, right shoulder AC joint sprain, right wrist sprain, and left ankle anterolateral sprain. The injured worker presented on 02/03/2015 for a follow-up evaluation with complaints of 6/10 neck pain, 5/10 right shoulder pain, 4/10 right wrist pain, and 3/10 left ankle pain. Upon examination, there was mild distress noted. The injured worker had difficulty rising from a seated position. There was stiffness noted upon ambulation. The provider recommended an internal medicine consultation, a psychology consultation, electro diagnostic studies of the bilateral upper extremities to rule out cervical radiculopathy, and a prescription for cyclo-tramadol cream. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Tramadol Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended for topical use. The request as submitted also failed to indicate a specific strength, frequency, and quantity. Given the above, the request is not medically necessary.

EMG- Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. In this case, there was no documentation of a significant musculoskeletal condition or neurological deficit with regard to the cervical spine or the bilateral upper extremities. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

NCS- Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. In this case, there was no documentation of a significant musculoskeletal condition or neurological deficit with regard to the cervical spine or the bilateral upper extremities. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.