

<b>Case Number:</b>	CM15-0056820		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 57-year-old female, who sustained an industrial/work injury on 03/04/2013. The injured worker was diagnosed as having cervical sprain/strain, right upper extremity overuse syndrome, and right shoulder sprain/strain. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of neck pain with occasional headache along with right shoulder pain and sleep problems. Per the primary physician's progress report (PR-2) of 03/20/2015, the right shoulder pain was rated 8/10. There was tenderness to palpation over the cervical and right supraspinals. The bilateral shoulders were within normal limits for lateral abduction. The requested treatments include Flexeril, Lidopro cream, MRI of cervical spine, MRI of right shoulder, EMG of left upper extremity, EMG of right upper extremity, NCV of left upper extremity, NCV of right upper extremity, and TENS unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

**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 non-sedating second line options for short term of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, the physician progress note is handwritten and mostly illegible. There is no evidence of palpable muscle spasm or spasticity upon examination. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Lidopro cream 121gm #1:** 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:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of a failure of first line oral medication prior to the initiation of a prescription topical analgesic. In addition, there is no frequency listed in the request. Given the above, the request is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**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 for patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, it is noted that the injured worker's physical examination is handwritten and mostly illegible. There is no evidence of a progression or worsening of symptoms, nor evidence of a significant motor or sensory deficit. There is no mention of a recent attempt at conservative management to include active rehabilitation. As the medical necessity has not been established, the request is not medically necessary at this time.

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The injured worker's physical examination is handwritten and mostly illegible. There is no evidence of a significant musculoskeletal or neurological deficit with regard to the right shoulder. There is no mention of a recent attempt at any conservative management for the right shoulder to include active rehabilitation. As the medical necessity has not been established, the request is not medically necessary at this time.

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

**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 neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a progression or worsening of symptoms or examination findings. The injured worker underwent a previous electromyography and nerve conduction velocity involving the cervical spine and the bilateral upper extremities. The medical necessity for a repeat study has not been established in this case. As such, the request is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

**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 neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a progression or worsening of symptoms or examination findings. The injured worker underwent a previous electromyography and nerve conduction velocity involving the cervical spine and the bilateral upper extremities. The medical necessity for a repeat study has not been established in this case. As such, the request is not medically necessary.

**NCV left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

**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 neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a progression or worsening of symptoms or examination findings. The injured worker underwent a previous electromyography and nerve conduction velocity involving the cervical spine and the bilateral upper extremities. The medical necessity for a repeat study has not been established in this case. As such, the request is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

**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 neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a progression or worsening of symptoms or examination findings. The injured worker underwent a previous electromyography and nerve conduction velocity involving the cervical spine and the bilateral upper extremities. The medical necessity for a repeat study has not been established in this case. As such, the request is not medically necessary.

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. In this case, there is no evidence that other appropriate pain modalities have been tried and failed, including medication. There is no evidence of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically necessary.