

Case Number:	CM15-0086682		
Date Assigned:	05/08/2015	Date of Injury:	06/03/2014
Decision Date:	09/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old male, who sustained an industrial injury on 6/3/2014. The current diagnoses are status post closed head trauma, status post-concussion (consider labyrinthine concussion) with vertebral, basilar or artery insufficiency, chronic sprain/strain of the cervicothoracic spine and associated musculoligamentous structures, cervical disc or intraspinal injury, tendinitis and impingement of the bilateral shoulders, and right/left tennis elbows. According to the progress report dated 3/24/2015, the injured worker complains of sore head, neck, and shoulders, secondary to fall with loss of consciousness. There were objective findings of tenderness in the cervical paraspinal areas, shoulders and elbows. The current medications listed are Ibuprofen and Flurbiprofen. Treatment to date has included medications management. The plan of care includes MRI of the cervical spine, bilateral shoulders, and brain, EMG/NCS of the bilateral upper extremities and cervical spine, and Flurbiprofen 25% in Lidoderm base.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of neurological deficits or red flag condition when clinical examination and plain X-rays are inconclusive. The records indicate that the patient had a transient concussion following the injury. The most recent clinic records show subjective and objective findings consistent with musculoskeletal pain. The objective findings is limited to tenderness and decreased range of motion of the cervical spine and joints. There is no documentation of neurological deficit or possible red flag condition. The criteria for the MRI of the cervical spine was not medically necessary.

MRI of Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of joint or red flag condition when clinical examination and plain X-rays are inconclusive. The records indicate that the patient had a transient concussion following the injury. The most recent clinic records show subjective and objective findings consistent with musculoskeletal pain. The objective findings are limited to tenderness and decreased range of motion of the cervical spine and joints. There is no documentation of severe shoulder or possible red flag condition. The criteria for the MRI of bilateral shoulders joint was not medically necessary.

MRI of the Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Head.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of neurological deficits or red flag condition when clinical examination and plain X-rays are inconclusive. The records indicate that the patient had a

transient concussion following the injury. The most recent clinic records show subjective and objective findings consistent with musculoskeletal pain. The objective findings are limited to tenderness and decreased range of motion of the cervical spine and joints. There is no documentation of neurological deficit or possible red flag condition. The criteria for the MRI of the Brain was not medically necessary.

EMG/NCS of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, Upper Extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCS can be utilized for the evaluation of neurological deficits or red flag condition when clinical examination and plain X-rays are inconclusive. The records indicate that the patient had a transient concussion following the injury. The most recent clinic records show subjective and objective findings consistent with musculoskeletal pain. The objective findings are limited to tenderness and decreased range of motion of the cervical spine and joints. There is no documentation of neurological deficit or possible red flag condition. The criteria for the EMG/NCS of the upper extremities was not medically necessary.

EMG/NCS of Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCS can be utilized for the evaluation of neurological deficits or red flag condition when clinical examination and plain X-rays are inconclusive. The records indicate that the patient had a transient concussion following the injury. The most recent clinic records show subjective and objective findings consistent with musculoskeletal pain. The objective findings are limited to tenderness and decreased range of motion of the cervical spine and joints. There is no documentation of neurological deficit or possible red flag condition. The criteria for the EMG/NCS of the Cervical Spine was not medically necessary.

Flurbiprofen 25% in Lidoderm Base 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The guidelines recommend that topical agents be utilized and evaluated individually for efficacy. The criteria for flurbiprofen 25% in lidocaine base 180gm was not medically necessary.