

Case Number:	CM13-0020143		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2010
Decision Date:	03/12/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old gentleman who sustained an injury to his neck and low back on 04/22/10. The claimant's most recent clinical assessment was with [REDACTED] on 07/31/13 where it was noted that the claimant had continued complaints of pain about the neck and the low back. His current symptoms included continued right paracervical and trapezial pain with radiation to the right rhomboid area and he denied significant numbness to the upper extremities. The claimant also had continued low back complaints with bilateral lower extremity pain with intermittent numbness and tingling. [REDACTED] documented management with medications including narcotics and the claimant had not been working. Previous treatment also has included physical therapy and chiropractic measures. It specifically stated that he has had no prior acupuncture. Physical examination findings at that date showed normal cervical range of motion with tenderness over the right paracervical muscles to palpation as well tenderness over the rhomboid and trapezius. There was diminished sensation to the right parathoracic area with equal and symmetrical upper extremity reflexes. Lumbar assessment showed mildly diminished range of motion with right decreased sensation to the dorsal aspect of the bilateral feet and tenderness to palpation over the lumbar musculature. Reflexes and strength were noted to be normal. The claimant's current diagnosis was bilateral sacral strain, lumbosacral radiculopathy, myofascial pain, right cervical strain, right parathoracic strain, and a right thoracic radiculopathy. Medications were continued in the form of Omeprazole, Naprosyn, Neurontin, and Flexeril. Eight sessions of acupuncture were recommended as well as bilateral lower extremity electrodiagnostic studies and MRI scans of both the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, http://www.odg-twc.com/odgtwc/Low_back.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: Based on California ACOEM Guidelines, cervical MRI would not be indicated. ACOEM Guideline criteria recommend the role of cervical imaging with documentation of neurocompressive pathology with objective findings and documentation of failed conservative measures. While this claimant is noted to have continued complaints of pain about the neck and musculature, there are no current radicular findings on examination to necessitate the acute need of an MRI scan. This specific request in this case would not be supported.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, the MRI of the lumbar spine would not be indicated. The claimant's clinical evaluation demonstrates nondermatomal sensory change with no documentation of motor weakness or reflexive changes. Without documentation of acute exacerbation of a radicular finding, the role of an MRI of the lumbar spine would not be indicated.

Acupuncture Treatment Sessions 2x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, eight sessions of acupuncture would not be indicated. The Guideline supports the demonstrated time to show benefit with the use of acupuncture would be six sessions. This specific request for eight sessions in this case would exceed the initial clinical guideline criteria for use of acupuncture and would fail to necessitate its need.

ELECTROMYOGRAPHY (EMG) BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, http://www.odgtwc.com/odgtwc/Low_back.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on California ACOEM Guidelines, the acute need for lower extremity electrodiagnostic studies would not be indicated. As stated above, the clinical records fail to demonstrate acute radicular neuropathic process that would necessitate the need of further evaluation by electrodiagnostic studies at this chronic stage in the claimant's course of care. The acute need of electrodiagnostic studies in this case would not be supported.

Nerve Conduction Study (NCS) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, http://www.odgtwc.com/odgtwc/Carpal_Tunnel.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on California ACOEM Guidelines, the acute need for lower extremity nerve conduction studies would not be indicated. As stated above, the clinical records fail to demonstrate acute radicular neuropathic process that would necessitate the need of further electrodiagnostic studies at this chronic stage in the claimant's course of care. The acute need of nerve conduction studies in this case would not be supported.

Naprosyn 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Naprosyn would not be indicated. Clinical records indicate that the claimant is now nearly four years after the time of injury with no acute documentation of symptomatic flare or progressive examination finding. Chronic Pain Guideline criteria would only recommend the role of antiinflammatory agents for the shortest duration in shortest dose possible. The continued need of this chronic use of this agent would not be supported as medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of Omeprazole would not be indicated. At present, the claimant meets no current guideline risk factor to indicate the role of protective proton pump inhibitor. The role of Naprosyn, a nonsteroidal agent, also was not supported by this review. The continued role of this protective Gastrointestinal (GI) agent would not be indicated.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Flexeril would not be indicated. The clinical records only recommend short term use of muscle relaxants for symptomatic flare as a second line agent. The records in this case do not indicate a symptomatic flare of the claimant's clinical symptoms. The chronic use of muscle relaxants at this stage in the claimant's clinical course of care would not be indicated.