MAXIMUS Federal Services

Case Number:	CM14-0212730		
Date Assigned:	12/30/2014	Date of Injury:	07/16/2014
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

37 year old male claimant with an industrial injury dated 07/16/14. Exam note 12/03/14 states the patient returns with back pain. The patient reports numbness and tingling radiating from the neck to upper extremities. The patient also reports hand pain with numbness. Upon physical exam the patient completed a positive Spurling's test. Exam Tinel's sign over the cubital tunnel and bent elbow test was positive bilaterally. Sensation was noted as decreased in the ulnar nerve/ C5 distribution. Treatment includes chiropractic therapy for the lumbar/thoracic/cervical/shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel, Electrodiagnostic studies.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 12/3/14 to warrant NCS or EMG. Therefore the determination is for non-certification.

Chiropractic therapy three times a week for four weeks for the lumbar/thoracic/cervical/shoulder quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173 and 203,Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation, page 58, chiropractic are is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case the request exceeds the 6 visits. Therefore, the determination is for non-certification.

Tylenol #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The exam note of 12/3/14 does no demonstrate functional improvement, percentage of relief, and demonstration of urine toxicology compliance or increase in activity. Therefore, the determination is for non-certification.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended."In this particular case the patient has no evidence in the records of 12/3/14 of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. Therefore, is not medically necessary and non-certified.