

Case Number:	CM14-0214351		
Date Assigned:	01/07/2015	Date of Injury:	10/08/2012
Decision Date:	03/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 8, 2012. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve request for electrodiagnostic testing of the bilateral upper extremities, eight sessions of chiropractic manipulative therapy, and Robaxin. MRI imaging of the cervical spine and naproxen, however, were approved. The claims administrator referenced a progress note dated October 28, 2014 in its determination. The applicant's attorney subsequently appealed. On said October 20, 2014 progress note, the applicant reported 5/10 neck pain radiating into the bilateral upper extremities, left greater than right. The applicant also reported issues with psychological stress and insomnia, reportedly attributed to chronic pain. The applicant was using both naproxen and Robaxin at this time, it was acknowledged. The applicant had had earlier electrodiagnostic testing of the bilateral upper extremities dated April 10, 2013 demonstrating a mild, chronic C4-C5 radiculopathy. Diffuse tenderness and spasm were appreciated about the neck with hyposensorium at the C5 level evident. The attending provider suggested that the applicant pursue MRI imaging of the cervical spine and/or electrodiagnostic testing of the bilateral upper extremities on the grounds that the applicant had not had testing in over a year and half. Eight sessions of chiropractic manipulative therapy were endorsed. Naproxen and 60 tablets of Robaxin were also endorsed. It was suggested that the applicant was using Robaxin twice daily. The applicant was asked to return to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCS of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Tables 8-7 and 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): TABLE 8-8, PAGE 182.

Decision rationale: No, the request for EMG-NCV testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Here, the applicant already carries a diagnosis of clinically-evident, electrodiagnostically-confirmed C4-C5 radiculopathy. It was/is not clear why repeat testing was indicated as the diagnosis in question, cervical radiculopathy, was already clinically evident and electrodiagnostically confirmed. There was no mention of how the proposed electrodiagnostic testing would influence or alter the treatment plan. The attending provider did not state, for instance that the applicant would consider surgical intervention at levels other than C4-C5 based on the outcome of the electrodiagnostic testing at issue. Therefore, the request was not medically necessary.

Chiropractic treatment with body massage twice a week for four weeks for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Physical Medicine Page(s): 58; 98.

Decision rationale: The request for eight sessions of chiropractic manipulative therapy with associated massage therapy was likewise not medically necessary, medically appropriate, or indicated here. The eight-session course of treatment proposed, in and of itself, represents treatment in excess of the "one to two visits" recommended every four to six months in applicants who developed recurrences and/or flares of musculoskeletal pain during the chronic pain phase of a claim, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further states that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phases of the claim. Here, the attending provider's concurrent request for manipulative therapy and massage therapy, particularly the amount proposed, represents treatment which runs counter to MTUS principles and parameters. Therefore, the request was not medically necessary.

Robaxin 750mg, one PO BID PRN, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Robaxin, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet supply of Robaxin at issue represents twice daily usage of the same. Such long-term usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.