

Case Number:	CM15-0112092		
Date Assigned:	06/18/2015	Date of Injury:	02/13/2014
Decision Date:	08/19/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 35 year old female, who sustained an industrial injury on 2/13/14. She reported initial complaints of cervical back and upper extremity injury. The injured worker was diagnosed as having cervical C6-7 discectomy and fusion; lumbar sprain/strain; cervical strain. Treatment to date has included status post anterior cervical C6-7 discectomy and fusion (7/16/14); left hip injection (11/19/14); physical therapy; urine drug screening; medications. Diagnostics included MRI lumbar spine (5/27/14); MRI cervical spine (5/27/14); x-rays cervical spine and lumbar spine (11/19/14). Currently, the PR-2 notes dated 5/4/15 indicated the injured worker complains of neck pain and low back pain. She is seen on this date for evaluation of acupuncture response. It is noted that medications are not helping the pain. The quality of pain is sharp, stabbing. Duration of the pain is constant with severity of symptoms are described as moderate to severe with profound limitations. Pain radiates to the left upper extremity and relieved by icing neck and heat helps the back. Associated symptoms include hoarseness. A MRI of the cervical spine dated 5/27/14 notes a large left paracentral disc extrusion at C6-7 is indenting the left ventral spinal cord and causing at least moderate central canal stenosis without cord signal abnormality. Small central disc protrusion and uncovertebral hypertrophy at C4-5 and C5-6 is not causing significant spinal stenosis or neural foraminal narrowing. The provider is requesting authorization for an Internal Medicine Consult; EMG/NCV study of the right upper arm and Cyclobenzaprine 7.5mg tablets QTY: 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg tablets QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.

EMG of the right upper arm QTY: 1.00: 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): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has already had a cervical MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the right upper arm.

NCV of the right upper arm QTY: 1.00: 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): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker has already had a cervical MRI to identify structural abnormalities. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for a NCV of the right upper arm.

Internal Medicine Consult QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2014. She has a past medical history of hepatitis A and mitral valve prolapse. The request is for an internal medicine consultation for a sleep disorder. She reports 'sleep disturbance'. There is no documented rationale as to why this requires an internal medicine consultation and she does not have complex medical co-morbidities that would require input from an internal medicine physician. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the insomnia and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. The medical necessity of an internal medicine consultation is not substantiated in the records.