

Case Number:	CM15-0024024		
Date Assigned:	02/11/2015	Date of Injury:	01/15/2013
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male who reported injury on 01/15/2013. The mechanism of injury was not provided. The prior treatments included an MRI of the shoulder and knee, an orthopedic visit, knee aspiration, acupuncture, MRI of the cervical and lumbar spine, x-rays, physical therapy, cortisone injection to the right shoulder and right knee, EMG/NCV of the bilateral upper and lower extremities, right shoulder surgery on 03/10/2014, a right L5 transforaminal epidural steroid injection on 02/11/2014 and 04/15/2014, trigger point injections, chiropractic care and physical therapy. The clinical documentation of 12/16/2014 revealed the injured worker had current complaints of a stabbing pain in the low back. The injured worker reported radiation of pain, numbness and weakness throughout the right lower extremity. The pain was rated at an 8/10. The injured worker indicated there was a stabbing pain in the right side of his neck and right shoulder. The injured worker had associated tingling and numbness into the right shoulder. The injured worker developed spasms in the right side of the neck. The objective findings revealed the injured worker had tenderness to palpation over the bilateral L4-5 facet region with positive facet challenged at L4-5 and it was severe bilaterally. The injured worker had decreased range of motion in the thoracic, lumbar and spinal planes. The injured worker had decreased right C5, C6 and C7 dermatomes to pinprick and light touch, and decreased L3, L4 and S1 dermatomes to pinprick and light touch. The injured worker's strength was 4/5 in the right deltoid and biceps, internal rotator, external rotator, wrist extensors, wrist flexors, triceps, interossei, finger flexors and finger extensors. The injured worker's strength was 4+/5 in the left deltoid, biceps, internal rotation, external rotation, wrist extensors, wrist flexors,

triceps, interossei, finger flexors and finger extensors; and 4+/5 in the right EHL. The injured worker's strength was 5-/5 in the right psoas limited by pain in the lumbar spine, 5-/5 in the bilateral quadriceps, hamstrings and tibialis anterior. The injured worker's strength was 5-/5 in the left EHL, planter flexion and eversion. The diagnoses included herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, sprain and strain of the cervical spine, right knee arthralgia, right shoulder arthralgia and right wrist arthralgia. The treatment plan included additional physical therapy 2 times a week x4 weeks for the cervical spine and right shoulder, a medial branch block on the right at L4-5, a trial of Flexeril cream as the injured worker had tried multiple oral muscular relaxers that did not help, a followup with a general orthopedist for general orthopedic complaints and a followup for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream: Upheld

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

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

Decision rationale: The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review indicated the injured worker was not responding to oral muscle relaxants. However, this would not be an exceptional factor to support the use of the medication. The request as submitted failed to indicate the frequency and the quantity, as well as the body part to be treated with the medication. Given the above, the request for cyclobenzaprine 5% cream is not medically necessary.

Follow up spine orthopedic visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The clinical

documentation submitted for review failed to provide a necessity for a follow-up with a spine orthopedist. The requested date of service was not provided. Given the above, the request for Follow up spine orthopedic visit is not medically necessary.

Follow up general orthopedic visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The objective findings would not support the necessity for a general orthopedic visit. There was a lack of documentation indicating a necessity for a general orthopedic visit. The date of service being requested was not provided. Given the above, the request for follow up general orthopedic visit is not medically necessary.