

Case Number:	CM15-0042611		
Date Assigned:	03/12/2015	Date of Injury:	10/21/2014
Decision Date:	05/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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

Certification(s)/Specialty: Family Practice

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 49-year-old male who reported an injury on 10/21/2014, with an unknown mechanism of injury. The injured worker's current diagnoses include cervical disc displacement, cervical radiculopathy, thoracic disc protrusion, left rotator cuff tear, left shoulder bursitis, left shoulder impingement syndrome, and left shoulder SLAP lesion. Past treatment includes the use of chiropractic therapy, although the exact number of sessions completed to date is unknown, as well as the injured worker's response to the therapy. Diagnostic procedures include an MRI of the cervical spine dated 12/20/2014 which revealed early disc desiccation is noted at C2-3 to C6-7 levels, with reduced intervertebral disc height noted at C5-6 level, with mucosal thickening seen in both maxillary sinuses, with focal central disc protrusion effacing the thecal sac, C5 exiting nerve roots are unremarkable. There was focal central disc extrusion with less preponderance and annular tear effacing the thecal sac at C5-6, with narrowing of left neural foramen that effaces the left C6 exiting nerve root. There was noted diffuse disc protrusion with left preponderance and annular tear effacing the thecal sac at C6-7 with narrowing of the left neural foramen that effaces the left C7 exiting nerve root. Other diagnostic studies include an MRI of the thoracic spine dated 12/20/2014 which revealed disc desiccation noted at T7-8 to T11-12. There was noted focal central disc protrusion effacing the thecal sac at T8-9, with focal central disc protrusion effacing the thecal sac at T9-10. There was noted focal disc protrusion effacing the thecal sac at T11-12, with spinal canal and neural foramina patent at all thoracic spine levels. An MRI of the left shoulder was also completed on 12/20/2014 which revealed a partial tear of supraspinatus and infraspinatus tendons, with minimal subacromial and

subscapularis bursitis. There was minimal glenohumeral joint effusion, with osteoarthropathy of acromioclavicular joint. Lateral down sloping of the acromion process was noted with reduced acromial humeral recess, and biceps tenosynovitis. There was a noted type 2 SLAP injury with no other gross abnormalities noted. The clinical note dated 03/05/2015 indicates the injured worker was seen with constant pain in the cervical spine, thoracic spine, and left shoulder. Motor strength was noted to be at 4/5 of the left shoulder with deep tendon reflexes normal and equal bilaterally. Limited range of motion of the cervical spine included 40 degrees of right lateral bending, 40 degrees of left lateral bending, 60 degrees of right rotation, and 70 degrees of left rotation. There was noted tender to palpation of the cervical paravertebral muscles. There was a positive Spurling's test on the left. The thoracic spine noted tender to palpation of the paravertebral muscles, with normal range of motion. Range of motion of the left shoulder was remarkable for 160 degrees of flexion, 40 degrees of extension, 40 degrees of adduction, 140 degrees of abduction, 70 degrees of internal rotation, and 70 degrees of external rotation. There was noted tender to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, and posterior shoulder. There was a positive Hawkins and Neer's test. The injured worker's medications included tramadol. The treatment plan included continuation of chiropractic therapy of the cervical spine, 8 sessions, with 8 sessions of acupuncture of the cervical, thoracic spine, and left shoulder. The treatment plan also included obtaining an EMG of the right upper extremity; NCV of the right upper extremity; urine toxicology test; a cream of gabapentin 10%, amitriptyline 10%, bupivacaine 5% to 10 gm; and a cream of flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin 0.025% at 210 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the cervical spine, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Based on the clinical information submitted for review, and the California MTUS Guidelines, this request is not supported. The clinical records indicate that the injured worker is currently undergoing chiropractic care, although the exact number of sessions completed to date is unknown, as well as the injured worker's response to therapy. Given the above, this request is not medically necessary.

Eight sessions of acupuncture for the cervical and thoracic spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines recommend acupuncture for specifically identified musculoskeletal conditions. An initial trial of acupuncture consists of 6 sessions. The current request for 8 sessions of acupuncture for the cervical and thoracic spine and left shoulder exceeds the recommended guidelines. Therefore, this request is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California ACOEM Guidelines recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials that are in need of clinical clarification. The clinical documentation submitted for review indicates that the injured worker had documented radicular pain, including a positive Spurling's on the left. However, the request for the electrodiagnostic studies of the right upper extremities are not warranted, given that the functional deficits and documented radicular pain was noted on the left upper extremity. Given the above, this request is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California ACOEM Guidelines recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials that are in need of clinical clarification. The clinical documentation submitted for review indicates that the injured worker had documented radicular pain, including a positive Spurling's on the left. However, the request for the electrodiagnostic studies of the right upper extremities are not warranted, given that the functional deficits and documented radicular pain was noted on the left upper extremity. Given the above, this request is not medically necessary.

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: California MTUS Guidelines recommend the use of urine drug screens to assist in monitoring adherence to a prescription drug treatment regimen, to diagnosis substance misuse, addiction, and/or aberrant drug related behavior when there is a clinical indication; however, there is no current documentation indicating that the injured worker is currently being prescribed opioids. Given the above, this request is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% cream 210 grams, quantity of one:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: California MTUS Guidelines do not recommend topical analgesic creams or patches as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of anti-depressants and anti-convulsants. There is no clinical documentation of the use of anti-depressants and anti-convulsants as first line therapy by the injured worker. Given the above, this request is not medically necessary.

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% cream, 210 grams, quantity of one: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: California MTUS Guidelines do not recommend topical analgesic creams or patches as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of anti-depressants and anti-convulsants. There is no clinical documentation of the use of anti-depressants and anti-convulsants as first line therapy by the injured worker. Given the above, this request is not medically necessary.