

<b>Case Number:</b>	CM15-0098922		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Florida

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 56 year old male, who sustained an industrial injury on September 23, 2014. He reported left back pain and cervical pain after using a torque wrench. The injured worker was diagnosed as having back strain, myofascial syndrome, rotator cuff syndrome, impingement syndrome and radicular symptoms. Treatment to date has included diagnostic studies, chiropractic care, physical therapy, cortisone injections, medications and work restrictions. Currently, the injured worker complains of continued left upper back pain, neck pain and left upper extremity pain with radicular symptoms. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on October 22, 2014, revealed continued pain as noted. Steroids, pain medication, medications to protect the stomach and physical therapy were recommended. Evaluation on December 19, 2014, revealed continued complaints as noted. He reported being fired from his position secondary to losing emotional control while at work. A psychological consultation was recommended. Evaluation on January 30, 2015, revealed continued pain however he reported a 70% improvement following injections. It was noted radiographic imaging revealed bursitis of the shoulder joint. Evaluation on April 27, 2015, revealed no significant improvement and a right shoulder injection was administered. A neurology consultation, radiographic imaging, electrodiagnostic studies of the upper extremities and medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a Neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition: Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational practice medicine guidelines Page(s): 2-3.

**Decision rationale:** The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, utilization review did not certify the request as no subjective neurological complaints or objective neurological findings were documented in the medical record. This independent review of the medical record also failed to find objective neurological findings that would justify a Neurology consultation. Likewise, without further documentation, this request cannot be considered medically necessary.

**EMG/NCV of the Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Special studies and diagnostic treatment considerations Page(s): 177 - 178.

**Decision rationale:** California MTUS guidelines state regarding special studies of the Cervical spine, criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Regarding this patient's case, no red flags are documented. No evidence of neurological dysfunction or tissue insult nor evidence of failure to progress in a strength training program to avoid surgery is documented. There is no documentation of a planned eminently invasive procedure. Likewise, this request for an EMG/NCS of the upper extremities is not considered medically necessary based off of the documentation that has been provided.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Special studies and diagnostic treatment considerations Page(s): 177 - 178.

**Decision rationale:** California MTUS guidelines state regarding special studies of the Cervical spine, criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Regarding this patient's case, no red flags are documented. No evidence of neurological dysfunction or tissue insult on physical exam. The most recent physical exam noted no evidence of an impingement sign in either upper extremity. No abnormal neurological findings are documented on this physical exam. There is mention of a positive Cozen's test, but this corresponds to findings of possible epicondylitis at the elbow. There is no evidence of failure to progress in a strength training program to avoid surgery. There is no documentation of a planned eminently invasive procedure. Likewise, this request for a Cervical spine MRI is not considered medically necessary.

**Ultram 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

**Restoril 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015-Sedative Hypnotics.

**Decision rationale:** This review is regarding the medical necessity of Restoril, which is a benzodiazepine medication. In accordance with the California MTUS guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The

guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for Restoril is not medically necessary.