MAXIMUS Federal Services

Case Number:	CM13-0005697		
Date Assigned:	11/01/2013	Date of Injury:	05/11/2008
Decision Date:	06/09/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Neurological Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [redacted] and has submitted a claim for cervical, thoracic, and lumbosacral radiculopathy; anxiety, myalgia, chronic pain due to trauma, facet arthropathy, lumbar spondylosis without myelopathy, and depression associated with an industrial injury date of May 11, 2006. Treatment to date has included cervical medial branch blocks, cortisone injection into the shoulder, physical therapy, chiropractic care, and medications such as Gabapentin, baclofen, Protonix, Pristiq ER, Vitamin B complex, isoniazid, and Klonopin. Medical records from 2012 to 2013 were reviewed showing that patient complained of persistent back pain, graded 9/10 in severity radiating to both arms and legs. It was described as burning, hot, numb, sharp, shooting, and throbbing. Intake of medications relieved the pain to 7/10 and it allowed patient to work / volunteer for at least 6 hours daily. Symptoms were aggravated by ascending stairs, bending, changing positions, daily activities, descending stairs, extension, flexion, jumping, lifting, pushing, and rolling. Symptoms were relieved by exercise, lying down, movement, rest, and sitting. The patient likewise complained of anxiety, depression, headache, and insomnia. Physical examination showed tenderness at paracervical, and paraspinous muscles. Range of motion of the lumbar spine was restricted on all directions. Patellar reflexes were both 1/4 bilaterally. Gait was antalgic. Sensation was diminished at L4 to L5 dermatomes bilaterally. Cervical MRI, dated February 27, 2013, demonstrated C4-C5 and C5-C6 disc bulges abutting the spinal cord. An X-ray of bilateral shoulders, dated February 8, 2013, demonstrated normal appearing bony development and no evidence of any ectopic ossification or calcification. There was no evidence of glenohumeral osteoarthritis and adequate subacromial space. EMG/NCV findings of bilateral upper extremities were unremarkable, dated March 27, 2013. MRI of the lumbar spine, dated February 27, 2013, revealed stable 2 mm posterior disc bulging

at L4-L5 with multilevel posterior annular tears. No new spinal canal or neural foraminal stenosis developed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (UNSPECIFIED FREQUENCY/DURATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient underwent physical therapy; however, the exact number of treatment sessions is unknown due to a lack of documentation. The functional gains derived from previous sessions, as well as current limitations in activities of daily living are not documented in the medical records submitted for review. There is no discussion why the patient is still not versed to perform independent exercises at home. Furthermore, the present request does not specify the frequency and duration of treatment, as well as the body part to be treated. Therefore, the request is not medically necessary and appropriate.

REFERRAL TO ORTHOPEDICS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009: ACOEM Occupational Medicine practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127.

Decision rationale: ACOEM Guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. The Guidelines further state that a surgical consult is indicated if there was activity limitation for more than a month and if exercise programs did not increase range of motion or strengthen the area. In this case, the patient had similar subjective complaints, as well as objective findings based on the progress reports written in 2013. Furthermore, the AME report written on 03/17/2013, cited that patient was already being seen by two orthopedic surgeons: one who deemed the shoulder as non-surgical, and the other who requested for EMG/NCV revealing normal findings. However, the official report from these consultations was not included in the medical records submitted for review. It is unclear why the patient is currently needing another orthopedic referral. Therefore, the request is not medically necessary.

REFERRAL TO PSYCHIATRY FOR MEDICATION MANAGEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127.

Decision rationale: ACOEM Guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. In this case, the patient is a diagnosed case of anxiety, depression, and insomnia. The patient is being prescribed with Pristiq since 2013 and Klonopin since 2012. He reported a relief of symptoms at night, particulary insomnia and anxiety. However, long-term use of benzodiazepines is not recommended. Consultation with a specialist may be recommended to aid in therapeutic management. Therefore, the request for referral to psychiatry for medication management is medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As stated in MTUS Guidelines, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. It is indicated for all patients on chronic opioid use for chronic pain. In this case, the current prescription drugs do not include an opioid medication. The indication for this particular request is not clear. Therefore, the request for urine drug screen is not medically necessary.

CURES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As stated in the MTUS Guidelines, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. It is indicated for all patients on chronic opioid use for chronic pain. In this case, the current prescription drugs do not include an opioid medication. The indication for this particular request is not clear. Therefore, the request for CURES is not medically necessary.

ROUTINE LABS (UNSPECIFIED): 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 Official Disability Guidelines (ODG).

Decision rationale: The ODG states that anemia, liver function tests, renal abnormalities, and severe gastrointestinal events were higher in oral NSAID users. In this case, the patient has been on chronic intake of the following medications: Ibuprofen, Gabapentin, baclofen, Protonix, Pristiq ER, Vitamin B complex, isoniazid, and Klonopin. The present request does not specify the laboratory test. Therefore, the request for routine labs (unspecified) is not medically necessary.

REFERRAL TO NEUROSURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127.

Decision rationale: ACOEM Guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. The Guidelines further state that a surgical consult is indicated if there was activity limitation for more than a month and if exercise programs did not increase range of motion or strengthen the area. In this case, the rationale given for this request is to evaluate multi-level cord abutment. However, authorization was already given to this similar request on August 15, 2013. It is unclear if the patient already underwent consultation because medical records submitted for review do not include official report from the specialist. The necessity for a second referral to neurosurgeon has not been established. Furthermore, the most recent progress reports do not include comprehensive neurological examination that warrants a referral. Therefore, the request for referral to neurosurgeon is not medically necessary.

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and reviewed do not include a comprehensive physical examination of the upper extremities (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that can support patient's subjective complaints. The Guideline criterion for presence of focal neurologic dysfunction has not been met. Furthermore, EMG/NCV of bilateral upper extremities, dated 03/27/2013, revealed normal findings. It is unclear why a repeat EMG is essential at this time. Therefore, the request for EMG of bilateral upper extremities is not medically necessary.

NCS OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and reviewed do not include a comprehensive physical examination of upper extremities (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that can support patient's subjective complaints. Furthermore, EMG/NCV of bilateral upper extremities, dated 03/27/2013, revealed normal findings. It is unclear why a repeat NCS is essential at this time. Therefore, the request for NCS of bilateral upper extremities is not medically necessary.