

Case Number:	CM13-0023520		
Date Assigned:	12/18/2013	Date of Injury:	06/15/2012
Decision Date:	08/05/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine & Rehabilitation 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 a 59 year old male who was injured on 06/15/2012 due to accumulative trauma type injuries. Diagnostic studies reviewed include MRI of the left shoulder dated 08/12/2013 reveals supraspinatus tendinosis and no other significant findings noted. MRI of the left knee dated 08/12/2013 reveals tibiofemoral joint effusion. MRI of the lumbar spine dated 08/12/2013 reveals L4-L5 central focal disc protrusion with bilateral facet arthropathy. L5-S1 disc protrusion and facet arthropathy which produces bilateral neural foraminal narrowing. Progress report dated 07/19/2013 documented the patient with complaints of left shoulder pain. The patient complained of sharp constant left shoulder pain. He rates his pain as 8/10. The patient also complains of constant mid back pain rated 7/10. The pain is alleviated by rest, medications, physical therapy and activity avoidance, He also complains of lower back pain which is constant and rated as 7/10. He has bilateral knee pain, greater on the left and rated 7/10. The pain is alleviated by rest, medications, physical therapy and activity avoidance. The patient is currently taking Ibuprofen. Objective findings on lumbar spine examination reveal normal lordosis. There is tenderness to palpation associated with muscle spasm over the paraspinals and quadrates lumborum muscles bilaterally; Tenderness was noted over the spinous process of L3, L4, L5 and S1. Nuchal test was positive bilaterally. Ranges of motion were performed with complaints of pain with flexion at 50 degrees, extension is limited to 15 degrees, right flexion 20 degrees and left flexion 20 degrees. Regarding the thoracic spine there is only tenderness to palpation throughout the whole thoracic spine. Examination of left shoulder and arm reveals tenderness to palpation over the acromioclavicular joint. AC compression test was positive on the left. Crepitus was noticed upon shoulder motion. Range of motion was performed with complaints and exhibits normal range of motion on the right shoulder and 100 degree abduction on the left, 40 degrees extension on the left, 80 degrees on extended rotation. Examination of bilateral knees

reveals tenderness over the patella bilaterally and crepitus was noted upon knee motion. Flexion was limited to 120 degrees bilaterally. Diagnoses: 1) Left shoulder sprain/strain. 2) Thoracic spine sprain/strain. 3) Lumbar spine strain/sprain, rule out radiculopathy. 4) Bilateral knee sprain and strain. Utilization report dated 08/22/2013 the following requests are either partially certified or non-certified. The request for a one month supply NMES states guidelines do not recommend this treatment and note that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The request for topical cream that contains Capsaicin, Flurbiprofen, Tramadol, Camphor, Menthol was not certified as the guidelines do not recommend compound topical creams as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressant and anti-convulsants which is not documented in this case. The request for Flexeril, the guidelines do not recommend long term use of muscle relaxants. There are muscle spasms documented on the physical examination; however there is no documentation of functional improvement from any previous use in this patient. The request for Medrox patches, 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-convulsants which is not recommended in this case. The request for x-ray of the thoracic spine, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags of serious spinal pathology even if the pain has persisted for at least six weeks. The request for MRI of the lumbar spine, the guidelines recommend imaging studies for the lumbar spine with documented and equivocal evidence of nerve compromise after failed therapy trials. There is no subjective or symptoms documented in the medical records such as positive straight leg raise and they are not documented positive neurologic exam findings consistent with nerve compromise. The nerve conduction study requested for the bilateral upper extremities and bilateral lower extremities does not show sufficient objective documentation of radicular pain such as a positive straight leg raise or Spurling's maneuver and is not a documented neurologic exam consistent with nerve compromise such as deficits in dermatomal sensation, reflexes or muscle strength. The request for physical therapy was partially certified as based on the current clinical information, the medical necessity for a current trial of physical therapy has been established and the request is partially certified for six sessions. The request for chiropractic treatment; based on the current available information the medical necessity for a current trial of chiropractic therapy has been established and the request is partially certified for six sessions. The request for a functional capacity evaluation does not show currently available documentation to establish the medical necessity for this diagnostic exam as an outlier for the above referenced guideline negative recommendation and therefore is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Functional improvement measures Page(s): 98-99 and 48.

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

Decision rationale: According to the CA MTUS guidelines, Physical Therapy is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. The request for physical therapy was previously approved partially for 6 sessions. However, there is no documentation of any improvement in the objective measurements such as pain level, ROM or strength with prior treatments to demonstrate the effectiveness of physical therapy. Therefore, the medical necessity of requested 12 PT visits is not established and is non-certified.

Chiropractic treatment x 12: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks may be recommended. The request for chiropractic treatment was previously approved partially for 6 sessions. Consideration for additional treatment interventions is not warranted, as there is no documentation of patient's response to previously authorized treatment (i.e. improvement in pain level, range of motion, strength or function). Therefore, the medical necessity of additional chiropractic treatments is not established and is non-certified.

One month home-based trial of neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Neuromuscular electrical stimulation (NMES devices).

Decision rationale: As per CA MTUS guidelines, not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. According to the ODG guidelines, Transcutaneous Electrotherapy such as NMES is used primarily as part of a rehabilitation program for stroke patients. Its use in chronic back pain is

largely experimental and there is little to no clinical based evidence to demonstrate its long term benefit in chronic pain. Therefore, the medically necessary of the requested device is not established and is not certified.

One month's supplies for neuromuscular electrical stimulator (NMES): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Neuromuscular Electrical Stimulation (NMES Devices).

Decision rationale: Since the medical necessity of NMES is not established, the request for the supplies are then non-certified.

Capsaicin 0.025% / Flurbiprofen 20% / Tramadol 10% / Camphor 2% / Menthol 2% / Flurbiprofen 20% / Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 02/14/12) Topical analgesics.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are highly experimental and are recommended only for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no clinical based evidence to demonstrate the long term efficacy of topical compound creams. Therefore, the request is not medically necessary according to the guidelines and is non-certified.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document functional improvement with prior use. Chronic use of muscle relaxants is not

recommended by the guidelines. Therefore, the medical necessity for Flexeril is not established and is non-certified.

Omeprazole 20mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-96.

Decision rationale: The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors. The medical records reviewed do not document any gastrointestinal complaints or any significant risk for GI events. In accordance with the CA MTUS guidelines, the medical necessity is not established and is non-certified.

Medrox patches #30: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are highly experimental and are recommended only for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no clinical based evidence to demonstrate the long term efficacy of topical analgesics. Therefore, the request is not medically necessary according to the guidelines and is non-certified.

1 Radiograph of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES; APG 1 Plus, 2010 LOW BACK DISORDERS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Radiography (x-rays).

Decision rationale: As per CA MTUS and ODG guidelines, thoracic spine x rays are recommended, when there is a history of trauma or evidence of red flags or neurological deficits.

In the absence of red flags for serious spinal pathology or history of trauma, X-rays are not recommended, even if the pain has persisted for at least six weeks. The above criteria are not met in this case and thus, the request for x-ray of the thoracic spine is not medically necessary and is non-certified.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which there is evidence of nerve root compression, red flags or when surgery is considered. The patient had MRI of the lumbar spine dated on 08/12/2013, which was diagnostic. The records do not show any signs of nerve root compression, red flags or any surgical procedure is being planned. Therefore, the requested service does not meet the guideline criteria, and it is non-certified

Pain Fiber Nerve Conduction Study (PF-NCS) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies (NCS).

Decision rationale: According to the CA MTUS nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to ODG guidelines, Nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and clinical signs. In this case, there is even no documentation of any radicular symptoms. Furthermore, Pain Fiber NCS is considered investigational. Therefore, the requested test is not medically necessary and is non-certified.

Pain Fiber Nerve Conduction Study (PF-NCS) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

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, Nerve conduction studies (NCS).

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute. According to ODG, Nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and clinical signs. In this case, there is even no documentation of any radicular symptoms. Furthermore, Pain Fiber NCS is considered investigational. Therefore, the requested test is not medically necessary and is non-certified.

Pain Fiber Nerve Conduction Study (PF-NCS) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

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, Nerve conduction studies (NCS).

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute. According to ODG, nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and clinical signs. In this case, there is even no documentation of any radicular symptoms. Furthermore, Pain Fiber NCS is considered investigational. Therefore, the requested test is not medically necessary and is non-certified.

Pain Fiber Nerve Conduction Study (PF-NCS) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies (NCS).

Decision rationale: According to the CA MTUS nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to ODG guidelines, Nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and clinical signs. In this case, there is even no documentation of any radicular symptoms. Furthermore, Pain Fiber NCS is considered investigational. Therefore, the requested test is not medically necessary and is non-certified.

1 Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), pages 137-138.

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 Independent Medical Examinations and Consultations, page 511.

Decision rationale: As per CA MTUS/ACOEM guidelines, FCE is recommended when necessary to translate medical impairment into functional limitations and determine work capability. In this case, there is no documentation that indicates if the employee has had prior unsuccessful return to work attempts that the employee requires a modification for return to work. Thus, the request for functional capacity evaluation is not medically necessary and is non-certified