

Case Number:	CM13-0024586		
Date Assigned:	11/20/2013	Date of Injury:	07/31/2011
Decision Date:	08/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Medicine and is licensed to practice in Arizona. 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 44 year-old female. The patient's date of injury is 7/31/2011. The mechanism of injury was emptying a garbage can, when she had sharp pain in her back and shoulder. The patient has been diagnosed with chronic neck pain, chronic low back pain, right shoulder impingement, discogenic cervical condition, neck strain, depression, stress, sleep dysfunction, and weight gain. The patient's treatments have included physical therapy, imaging studies and medications. The physical exam findings, dated August 21, 2014 show on neurological function that the deep tendon reflexes were symmetric bilaterally, with sensation intact throughout the bilateral upper extremities. The Hoffman test was reported as negative. The patient was reported to have mild tenderness along the cervical paraspinal muscles bilaterally as well as trigger points along the trapezius and shoulder girdle. The patient was noted with no limp. In the lower extremities there is no noted loss of sensation reported, and deep tendon reflexes are reported as symmetric. The patient's medications have included, but are not limited to, Norco, Flexeril, Tramadol, Prilosec, Naproxen, Medrox patch and Terocin Lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, CERVICAL (QUANTITY1): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 172, 176-180, 184-188.

Decision rationale: The medical records provided for review state that the patient has no specific report of neuropathy, and that deep tendon reflexes were reported as normal, with normal sensation. The patient is without neurological change, and has no indication for surgery or imaging at this time. According to the clinical documentation provided and the current ACOEM Guidelines, an MRI of the cervical spine is not indicated as a medical necessity to the patient at this time.

1 TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 113-115.

Decision rationale: Regarding TENS, the MTUS Chronic Pain Guidelines state the following, "Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness." The medical records provided for review state that the patient now specific report of neuropathy, and that deep tendon reflexes were reported as normal, with normal sensation. According to the clinical documentation provided and current MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

1 EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 178.

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

Decision rationale: According to the clinical documents there is no evidence in lack of sensation in the patient's upper extremities. The clinical documents state that the patient does not have a specific report of neuropathy, and that deep tendon reflexes were reported as normal, with normal sensation. The clinical documents are lacking evidence of red flag symptoms or worsening symptoms. There is no clinical documentation evidence for an indication of EMG or NCS testing. As such, the request is not medically necessary and appropriate.

1 LOW BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The ACOEM Guidelines state that physical support for the lumbar is not recommended. As such, the request for one low back brace is not indicated as a medical necessity to the patient at this time.

1 NECK PILLOW: Upheld

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

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

Decision rationale: The ACOEM Guidelines state that other modalities, not listed, for physical treatment methods for neck and back pain are not currently recommended. According to the clinical documentation provided and current Guidelines, the request is not indicated as a medical necessity to the patient at this time.

1 CERVICAL COLLAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The ACOEM Guidelines state cervical collars are recommended for short term immobilization of the cervical spine if severe cervical disk displacement with radiculopathy. According to the clinical documents there is no evidence of a lack of sensation in his upper extremities. The clinical documents state that the patient does not have a specific report of neuropathy, and that deep tendon reflexes were reported as normal, with normal sensation. The clinical documents are lacking evidence of red flag symptoms or worsening symptoms. According to the clinical documentation provided and current ACOEM Guidelines, the request is not medically necessary and appropriate.

FLEXERIL 7.5 (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Chronic Pain Medical Treatment - Muscle Relaxants, Guidelines, page(s) 63-66 Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines state Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. The clinical documents lack clear evidence of muscle spasm that would require a muscle relaxant at this time. There is no indication for the use of Flexeril at this time. As such, the request is not medically necessary and appropriate.

PRILOSEC 20 MG (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . - NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69 Page(s): 67-69.

Decision rationale: According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is documentation of previous gastritis. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to the MTUS Chronic Pain Guidelines, increased risk is defined as: (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 use of Prilosec as stated in the above request is determined not to be a medical necessity at this time.

MEDROX PATCHES (#20): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that a compounded medicine that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The Guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS Chronic Pain Guidelines does not specifically address Medrox patches as a topical analgesic. Therefore, according to the Guidelines cited, Medrox cannot be recommended at this time. The request for Medrox patches is not medically necessary.

1 PRESCRIPTION FOR TEROGIN LOTION: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines discuss state that a compounded medicine that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The Guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS Chronic Pain Guidelines does not specifically address Terocin as a topical analgesic. Therefore, according to the Guidelines, it cannot be recommended at this time. As such, the request is not medically necessary and appropriate.

12 CHIROPRACTIC SESSIONS: Upheld

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

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

Decision rationale: According to the request it is unclear what the goals of manual medicine are, and what body parts would be involved in the treatment. According to the clinical documentation provided and the current MTUS Chronic Pain Guidelines, Chiropractic manipulative treatment is not indicated a medical necessity to the patient at this time.