

Case Number:	CM13-0029452		
Date Assigned:	11/01/2013	Date of Injury:	07/02/2013
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Montana, Tennessee and Texas. 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 physician 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:

This claimant is a 51-year-old male with a reported date of injury of 01/01/1995 - 07/02/2013. Mechanism of injury is described as cumulative trauma while working under pressure with repetitive and prolonged heavy lifting. He was seen for evaluation on 07/16/2013 and he complained of pain in both shoulders 100% of the time, rated at 7/10; and pain to his dorsal lumbar spine rated at 7/10. On exam, he has markedly decreased grip strength in his right hand as compared to the left, and he has tenderness to the cervical spine and the cervical spine muscles. Finkelstein's test was negative, Tinel's sign was positive on the left, and Phalen's sign was positive bilaterally. He was seen back in clinic on 09/09/2013, at which time he reported neck and low back pain. He was instructed to remain off work. Diagnoses included neck sprain and strain, thoracic sprain and strain, and lumbar sprain and strain; and plan moving forward was to obtain an MRI of the bilateral shoulders, MRI of the dorsal lumbar spine, prescribe Fioricet, prescribe Prozac, prescribe a sleeping medication, prescribe an analgesic ointment, order physical therapy x18, get x-rays of his chest and thoracic spine, get EMGs of bilateral upper extremities, get NCVs of the bilateral upper extremities, and order a psychologist consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet: 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 BCAs Page(s): 23.

Decision rationale: MTUS chronic pain guidelines, in discussing BCAs, states "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." The medical records submitted for review do not indicate a rationale for prescribing this medication at this time. The last clinical note was dated 09/09/2013, and there was no indication at this time that the claimant needs Fioricet. Recent clinical notes are not provided for review. Furthermore, MTUS Chronic Pain Guidelines do not support this medication for chronic pain. As such, this request is non-certified.

Prozac 40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: This request is for Prozac. As of the present, the efficacy of this medication has not been demonstrated by the records provided. A recent clinical assessment of this claimant has not been provided for review, as the last clinical note was dated 09/09/2013. MTUS chronic pain guidelines state, "Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. (Finnerup, 2005)...Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment... Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." Due to the lack of documentation of efficacy of this medication and due to lack of documentation of significant current symptoms for which this medication would be considered, and due to the lack of support for use of this medication for chronic use, this request is not medically necessary and is non-certified.

sleeping medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medication chapter, treatment of insomnia

Decision rationale: MTUS/ACOEM does not specifically discuss. ODG, medication chapter, states "treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance." This request is for an unspecified sleeping medication. The records do not indicate this claimant has significant sleep difficulties at this time, as his last clinical exam provided for this review was dated 09/09/2013. The request is for a nonspecific sleep aid. There is no indication that evaluation of his sleep disturbance, if he has one, has been performed. There is no indication of sleep studies or documentation of how long he has had insomnia, if he has insomnia. Therefore, this request is non-certified.

analgesic ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: MTUS chronic pain guidelines states "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended 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." This request is for unspecified analgesic ointment. The records do not indicate that this patient is currently in pain for which an analgesic ointment might be supported, as the last clinical note was dated 09/09/2013. MTUS Chronic Pain Guidelines do not totally support this type of medication and there is no indication why an analgesic ointment is needed for this claimant's chronic pain. As this is not supported by the records or guidelines, this request is non-certified.

18 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: MTUS chronic pain guidelines, in discussing physical medicine state, "The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes." The request is for physical therapy x18. The records do not indicate this claimant is postop at this time. Thus, this would be for chronic pain. The records do not indicate that this patient is currently in need of physical therapy, as the most recent clinical note was dated 09/09/2013. Thus, there are no functional deficits such as range of motion or strength deficits for which physical therapy might be supported. The records do not indicate that this claimant is currently utilizing a home exercise

program, which is supported by MTUS Chronic Pain Guidelines. This request exceeds guideline recommendations as well; and therefore, this request is non-certified.

X-ray of chest and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: MTUS Chapter 8 states "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; Clarification of the anatomy prior to an invasive procedure." There is no indication of emergence of a red flag. There is no indication of trying to clarify the anatomy prior to an invasive procedure. There is lack of documentation of failure to progress in a strengthening program intended to avoid surgery; and while the records indicate he was injured at work, there is no current evaluation indicating that he has physiologic evidence of a tissue insult or neurologic deficit, as the most recent clinical exam was dated 09/09/2013. Therefore, this request is non-certified.

electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: This request is for EMGs of the bilateral upper extremities. The most recent clinical exam is not documented, as the last exam is dated 09/09/2013. Therefore, it is unknown whether this claimant has subtle symptoms for which an EMG would be supported. MTUS/ACOEM chapter 8 states "Electromyography (EMG), and 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." Due to lack of documentation of significant need for this exam, as the last clinical exam was dated 09/09/2013, and has no indication of subtle focal or neurological dysfunction, this request is non-certified.

nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: This request is for EMG/NCVs of the bilateral upper extremities. The most recent clinical exam is not documented, as the last exam is dated 09/09/2013. Therefore, it is unknown whether this claimant has subtle symptoms for which an EMG would be supported. MTUS/ACOEM chapter 8 states "Electromyography (EMG), and 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." Due to lack of documentation of significant need for this exam, as the last clinical exam was dated 09/09/2013, and has no indication of subtle focal or neurological dysfunction, this request is non-certified.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: MTUS/ACOEM, chapter 8, states "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; Clarification of the anatomy prior to an invasive procedure." This request is for an MRI of the cervical spine. The most recent record is dated 09/09/2013. Therefore, the current clinical assessment of this patient is not stated per the records, and there is no indication that he continues to have neck pain. There is no indication that he would have significant need for an MRI of the cervical spine, as at this time, there are no red flags, there is no failure to progress in a strengthening program intended to avoid surgery, and there is no need for clarification of the anatomy prior to an invasive procedure. At this time, there is also no physiologic evidence of tissue insult or neurological dysfunction, as again, the most recent clinical note was dated 09/09/2013. Therefore, this request is non-certified.

MRI of the dorsal lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This request is for an MRI of the dorsal lumbar spine. MTUS/ACOEM, chapter 12, states "Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12 7). Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Because the overall false positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great." At this time, the current clinical assessment of this claimant is not provided for this review, as the last clinical note was dated 09/09/2013. Therefore, there is no

indication at this time that there is a need for MRI of the dorsal lumbar spine. This request is non-certified.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: MTUS/ACOEM, chapter 9, states "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)" This request is for MRI of the bilateral shoulders. The current clinical exam of this claimant has not been provided for this review, as the last clinical note provided was 09/09/2013. As such, there is no evidence of a red flag, there is no evidence of physiologic evidence of tissue insult or neurovascular dysfunction, there is no indication of failure to progress in a strengthening program intended to avoid surgery, and there is no indication of need for clarification of the anatomy prior to surgery. This request is non-certified.

psychologist consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluation Page(s): 100.

Decision rationale: MTUS chronic pain guidelines state "recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." As there is lack of documentation of the current status of this claimant, with the last clinical note being 09/09/2013, the medical necessity of this request has not been provided. There is no indication that this claimant would need a psychological evaluation. Therefore, this request is non-certified.