

Case Number:	CM13-0036060		
Date Assigned:	03/19/2014	Date of Injury:	09/11/2008
Decision Date:	05/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational Medicine, 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:

Prior treatment history has included acupuncture, trigger point injections and physical therapy. She has tried multiple medications as: Lexapro, Nucynta Seroquel, Clonazepam, Wellbutrin, ProSom, and Soma. Diagnostic studies reviewed include: MRI of the cervical spine dated 07/30/2013 revealing a normal scan of the cervical spine. MRI of the lumbar spine dated 07/30/2013 revealing abnormal MRI scan of the lumbar spine demonstrating a focal; disc herniation with a peripheral bright signal at the L5-S1 level consistent with an annular tear at the L5-S1 level. MRI of left shoulder w/o contrast dated 12/16/2013 revealed mild downsloping acromion. Minimal T2 signal hyperintensity in the anterior anchor of the supraspinatus tendon questionable for tendinopathy or less likely partial tear. MRI of the thoracic spine with contrast dated 12/18/2013 revealing no significant change in comparison to prior study. Stable 3 mm disc protrusion at T9-10 resulting in effacement of the ventral thecal sac. PR-2 dated 02/25/2014 documented the patient to have complaints of constant neck pain rated at 8/10, with associated left arm weakness. She also complains of bilateral shoulder pain. Moreover, she reports constant left wrist and hand pain rated at 7/10, with associated numbness and tingling in the fingers as well as the elbow. In addition, she complains of constant mid back pain rated 8/10. She has bilateral hip pain. She also has psychiatric issues for which she has been taking Seroquel, Lexapro, Amitriptyline and Klonopin. Lastly, she complains of constipation and weight gain. Her current medications also include Lyrica, Soma and Norco. An objective finding on examination of the cervical spine reveals a positive Spurling's test on the left side with numbness and tingling radiating into her right hand including the middle finger. Motor strength testing reveals weakness in the left triceps and wrist flexors muscle groups. Motor strength is 5/5 in all remaining muscle groups. Sensory examination reveals diminished sensation to light touch over the middle finger. Deep tendon reflexes are +2 in the biceps, +1 in the brachioradialis and +1 in

the triceps. Laboratory Results: A urine drug test was performed 02/25/2014 and is consistent with her medication with no aberrant behavior or misuse of medications. However, the test is positive for TCA. Diagnoses: Cervical radiculopathy T8-T9 disc desiccation L5-S1 herniated nucleus pulposus with annular tear and left lower extremity radiculopathy. Fibromyalgia Left shoulder supraspinatus tendinosis/partial thickness tear Anxiety and depression secondary to orthopedic injury Herniated nucleus pulposus at C6-C7 with left upper extremity radiculopathy. PR-2 dated 09/24/2013 documented the patient reporting she does not have any chest complaints at this time. She complains of acid reflux, belching, regurgitation, bloating, stomach aches, heartburn, inability to digest foods, cramping and irregular bowel movements. Continuous pain in the neck as well as bilateral shoulders, left greater than right with pain radiating to her left upper extremity. She complains of continuous left wrist pain but does not have right wrist pain at this time. She complains of continuous pain in the mid back with pain radiating to her shoulder blades. She complains of pain in the lower back with pain radiating to her tailbone, buttocks and down into her left leg. Objective findings on examination of the cervical spine revealed there are periscapular spasms and tenderness. Cervical spine range of motion: flexion 40/50, extension 20/60, right rotation 40/80 and left rotation 50/80. Spurlings test on the left was positive. Examination of the thoracic spine reveals there are paraspinal spasm and tenderness to palpation. Thoracic range of motion: forward flexion 35/50, right rotation 10/30, left rotation 10/30. Examination of bilateral shoulders reveals there is no tenderness upon palpation of the bilateral shoulders. All orthopedic tests are negative. Examination of the lumbar spine reveals there are paraspinal spasms and tenderness. There is positive sciatic notch tenderness bilaterally. Lumbar range of motion: forward flexion 35/60, extensions 10/25, right lateral bend 10/25, left lateral bend 10/25. There is a positive straight leg raise test on the left. Neurological examination reveals decreased sensation to light touch over the lateral aspect of the forearm and anterior aspect of the knee. There is motor strength weakness in the biceps and wrist extension/flexion on the left. Tibialis anterior, EHL and Gastroc/Peroneus Longus are 4/5. Deep tendon reflexes of the biceps, brachioradialis and patella tendon are 1+ bilaterally and 1+ bilaterally in the triceps and tendo-Achilles. Diagnoses: Cervical radiculopathy Thoracic musculoligamentous sprain/strain Lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ACUPUNCTURE VISITS FOR CERVICAL AND LUMBAR SPINE AND UPPER & LOWER EXTREMITIES.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the medical records, the patient's prior treatment history has included acupuncture. The medical records do not document that previous treatment resulted in objective functional improvement. Therefore, acupuncture is non-certified.

12-18 PHYSICAL THERAPY SESSIONS FOR CERVICAL AND LUMBAR SPINE AND UPPER & LOWER EXTREMITIES.: Upheld

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

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

Decision rationale: According to the medical records, the patient's prior treatment history has included physical therapy. The medical records do not document that previous treatment resulted in objective functional improvement. The medical records do not demonstrate the patient has been utilizing any self-care measures to ameliorate symptoms, such as utilization of a home exercise program. The requested quantity of visits is in excess of guideline recommendations. Medical necessity has not been established. Therefore, additional physical therapy is non-certified.

MEDROX PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical, Salicylate Topicals, Topical Analgesics Page(s): 28-29, 105,111-113.

Decision rationale: According to the references, Medrox patch is a product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, topical NSAIDs are recommended for short-term use of generally 4-12 weeks for osteoarthritis, but they are not recommended for the spine, hip, or shoulder. The patient appears to be using this medication on a long-term basis for spine and shoulder complaints, which is not recommended. Therefore, Medrox patches are non-certified.

FLUBIPROFEN 20% GEL 120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical application of an NSAID, such as Flurbiprofen, may be indicated for short duration use, for osteoarthritis or tendinitis of joints that are amenable to topical treatment, such as the wrist and knee, but not the hip, shoulder or spine. The medical necessity of this topical analgesic is not established and is non-certified.

MRI FOR THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The medical records document the patient most recently underwent a repeat MRI of the thoracic spine with contrast on 12/18/2013 which revealed no significant change in comparison to prior study; stable 3 mm disc protrusion at T9-10 resulting in effacement of the ventral thecal sac. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation), which has not been demonstrated in this case. Therefore, thoracic spine MRI is non-certified.

