

Case Number:	CM13-0051480		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2013
Decision Date:	03/14/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 53 year old male with industrial injury on date 5/14/13 complains of headache, dizziness, neck pain after his injury at work when he hit his head on a door. He had no loss of consciousness. He was diagnosed with head contusion and neck sprain. 8/22/13 MRI Cervical spine reveal Multi-level mild degenerative changes of the cervical spine as described, with a broad-based disc bulge resulting in slight ventral impression on the thecal sac at the level of C5-6. A 10/15/13 office visit with [REDACTED] indicates that the patient reports constant pain in the neck that this occasionally radiates to in to the arms accompanied with occasional numbness and tingling. The pain increases with sitting up to one hour, lying 8 few hours, tilting the head front and back, slightly when side to side, and overhead activities. He rates the pain 8 at worst and 5 at best on a scale of 1-10, ten being most severe. He reports occasional weakness of the upper extremities. He reports occasional moderate temporal headaches with nausea related to the neck spine pain. He reports occasional loss of memory. He reports dizziness and blurred vision on two occasions. He denies tinnitus in his ears. Psyche: He reports increased stress and anxiety due to the stressful environment at work, although he has not worked since his injury. He denies specific pain or injury to the upper extremities, as the pain radiates from the neck. Physical exam reveals that there is anterior head carriage. There is muscle spasm. There is tenderness to palpation about the upper trapezius and paravertebral muscles. Cervical compression is positive. Foraminal compression (Spurling test) is positive. Cervical range of motion is decreased in flexion, extension, lateral bending and rotation. Deep tendon reflexes are intact in the triceps, biceps and brachioradialis bilaterally. Neurological examination is normal for sensation to light touch. Motor power is normal to manual testing and symmetrical in all major muscle groups of

both upper extremities. There is no focal neurological deficit, C4 - T1, to motor and sensory evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 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 American College of Occupational and Environmental Medicine (ACOEM) ,2nd Edition, (2004) Chapter 7, page(s) 137-138; Functional Capacity Evaluation (FCE), and Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12,21,81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: Functional capacity evaluation is not medically necessary per MTUS and ODG guidelines. Per MTUS ACOEM guidelines the functional capacity evaluation is used when necessary to translate medical impairment into functional limitations and determine work capability. The ODG states that an FCE is more successful if a worker is actively participating in determining the suitability for a particular job. Documentation submitted does not reveal indications that the patient is actively pursuing a job search or attempting to determine work capability therefore the request for functional capacity evaluation is not medically necessary.

TENS interferential unit, trial x day rental, quantity of 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Chronic Pain Medical Treatment.

Decision rationale: TENS interferential unit, trial x day rental, quantity of 30 is not medically necessary per MTUS guidelines. MTUS guidelines recommend TENS interventional Interferential Current Stimulation (ICS) "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration therefore the request for TENS interferential unit is not medically necessary or appropriate.

Cyclobenzaprine 3%/Ketoprofen 20%/Lidocaine 6.15% 240 gms, qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

Decision rationale: Cyclobenzaprine 3%/Ketoprofen 20%/Lidocaine 6.15% 240 gms, quantity of 1 is not medically necessary or appropriate per MTUS guidelines. The MTUS guidelines state that topical analgesics are largely experimental in use. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to Ketoprofen- This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Besides the Lidoderm patch, no other cream, lotion, or gel form of Lidocaine is indicated for neuropathic pain per guidelines. The MTUS does not support use of the topical formulation of Cyclobenzaprine.