

Case Number:	CM13-0051487		
Date Assigned:	12/27/2013	Date of Injury:	10/11/1988
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral shoulder, neck, ankle, head, hand, low back, knee, and ankle pain reportedly associated with cumulative trauma at work first claimed on October 11, 1988. The applicant has also alleged derivative psychological stress, it is further noted. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, attorney representation, transfer of care to and from various providers in various specialties, topical agents, prior right shoulder surgery and multiple MRI imaging. In a utilization review report of November 5, 2013, the claims administrator denied a request for topical compounds, acupuncture, urinalysis, MRI imaging of multiple body parts and a functional capacity evaluation as well as psychiatric evaluation and approved a request for Naprosyn. The applicant's attorney subsequently appealed. In a September 23, 2013 office visit, the applicant presented with multifocal neck, back, shoulder, hand, and ankle pain, which he attributed to cumulative trauma from repetitive work as an airport gardener. The applicant presented with headaches, neck pain, knee pain, leg pain, and ankle pain. The applicant has comorbid hypertension, it is further noted. Shoulder range of motion is limited with flexion and abduction in the 90-degree range bilaterally. Cervical range of motion is painful. The applicant had palpable nodule at the base of the third digit. The applicant is using a cane to move about and having guarding about the lumbar spine. Diffuse tenderness and limited ankle range of motion were noted. Topical compounds, MRI imaging, Naprosyn, Tylenol No. 3, Flector patches, and Ambien were endorsed. It was noted that the applicant had retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 9 Table 9-6, MRI imaging is "recommended" for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. In this case, however, there was no clear suggestion or documentation to the effect that the applicant was in fact intent on considering further shoulder surgery. There was no mention or suggestion that the applicant was in fact a candidate for further surgical treatment insofar as either shoulder was concerned. Therefore, the request is not certified.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 8 Table 8-8, MRI or CT scanning is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in this case, however, there was no clear-cut evidence of nerve root compromise pertaining to the cervical spine here. Rather, the applicant's multifocal pain complaints for the head, neck, back, shoulders, ankles, knees, etc., argued against any focal neurologic compromise. There was no mention that the applicant was a surgical candidate and/or would consider a cervical spine surgery were it offered to him. Therefore, the request is not certified.

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, MRI imaging may be helpful to clarify a diagnosis of delayed recovery such as osteochondritis dissecans. MRI imaging of the ankle may be helpful to clarify the diagnosis of delayed recovery such as osteochondritis dissecans. In this case, however, no clear rationale for the MRI study in

question was proffered by the attending provider. Given the multifocal nature of the applicant's complaints, lack of clearly stated differential diagnosis, and lack of a clear rationale for the study in question, the request is not certified

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 13 Table 13-6, MRI imaging is "recommended" to determine the extent of an ACL tear preoperatively. In this case, however, no rationale, differential diagnosis, or clear reason for this study was proffered by the attending provider. It was not clearly stated or suggested the applicant was a surgical candidate insofar as the injured knee was concerned. Rather, the applicant's multifocal knee, ankle, low back, neck, shoulder, etc., complaints suggested that the applicant was not a candidate for any kind of surgical remedy. Therefore, the request is not certified.

MRI of the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 11 (Forearm, Wrist and Hand Complaints) (2009) page 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 11 Table 11-6, MRI imaging is scored at 4/4 in its ability to identify and define suspected infections. In this case, however, the attending provider did not clearly state what he was searching for. No clear diagnosis or differential diagnosis was proffered. It was not clearly stated how the proposed hand MRI imaging would alter the treatment plan here. Therefore, the request is not certified.

MRI of the brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology website

Decision rationale: include evidence or suspicion of neoplastic conditions, vascular disorders, ischemia, infarction, arteriovenous malformation, trauma, posttraumatic brain injury, hemorrhage, congenital disorders, acquired neuro degenerative disorders, epilepsy, psychiatric disorders, etc. In this case, the attending provider did not clearly state why the study in question was being performed. The attending provider did not act on the result of the study in question. The studies, including the brain MRI in question, came back largely equivocal and negative and did not influence the treatment plan. For all of these reasons, the request is not certified.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal findings which indentify specific nerve root compromise are sufficient evidence to warrant imaging studies in those applicant's who do not respond to treatment and who would consider surgery an option were it offered to them. In this case, however, there was no clear evidence of neurologic compromise. The applicant's multifocal neck, back, shoulder, hand, elbow, head, etc., complaints argue against focal neurologic compromise. There was no mention that the applicant was considering or contemplating surgery for the lumbar spine. The attending provider did not act on the results of the lumbar MRI in question. For all of these reasons, the request is not certified.

NCV of the lower extremities for the left ankle and right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: It was not clearly stated how this test will influence the treatment plan. As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 13 Table 13-5, electrodiagnostic testing is at scored 0/4 in its ability to identify and define suspected knee pathology. Therefore, the request is not certified both owing to the unfavorable ACOEM recommendation and owing to the attending provider's lack of a clearly stated differential diagnosis or suspected diagnosis

Functional capacity testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Section, Page(s): 125.

Decision rationale: While page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines does note that FCE testing can be employed as a precursor to enrollment in a work hardening program. However, in this case, there was no indication or mention of the applicant's intent to attend a work hardening or work conditioning program for which a precursor FCE might have been indicated. Similarly, the chapter 7 ACOEM Guidelines note that FCE testing is widely used, overly promoted, and is not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, it has been suggested that the applicant is retired from his former job as a gardener for the [REDACTED]. Accordingly, the request is likewise not certified.

Psychological consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 15, specialty referral is indicated in individuals with psychiatric symptoms which persist beyond three months. In this case, the applicant has had psychiatric symptoms of anxiety, depression, insomnia, and frustration reportedly associated with the industrial injury. Obtaining the added expertise of a physician specializing in mental illness is indicated. Accordingly, the request is certified.

An interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent Electrical Stimulation Section Page(s): 120.

Decision rationale: As noted on page 120 of the California MTUS Chronic Pain Medical Treatment Guidelines. A month trial of an interferential stimulator device is indicated in those applicants in whom pain is ineffectively controlled owing to diminished effectiveness of analgesic medications, those individuals with significant medication side effects that prevent provision of analgesic medications, and/or those individuals with a history of substance abuse that limits provision of analgesic medications. In this case, however, there is no such history present here. No rationale for the usage of the device was proffered by the attending provider.

The applicant's prescription for oral Naprosyn effectively obviates the need for the interferential stimulator, at least as of this point in time. Furthermore, there is no evidence that the applicant has previously embarked upon a prior successful one-month trial of said interferential stimulator. For all of these reasons, then, the request is not certified.

Brace for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in chapter 13, for the average applicant, a brace is used as necessary. Knee braces are indicated, per ACOEM, only in those individuals with instability who have significant job demands such that require stressing the knee under load, such as with climbing ladders or carrying boxes. In this case, however, the applicant is retired. There is no mention of his carrying ladders under load or carrying heavy boxes in the home environment. Accordingly, the request is likewise not certified.

Brace for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 14 Table 14-6, prolonged usage of ankle braces and/or ankle supports is "not recommended" owing to risk of debilitation. In this case, the applicant is several years removed from the date of injury. As suggested by ACOEM, prolonged or protracted usage of braces and supports is not indicated at this late juncture. Accordingly, the request is likewise not certified.

Capsaicin 0.025%, Flurbiprofen 30%, Tramadol 10%, Menthol 2%, 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of

intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." It is noted that the claims administrator certified a request for Naprosyn through its utilization review report, effectively obviating the need for the largely experimental topical compound proposed here. Accordingly, the request is not certified.

Flurbiprofen 20%, Tramadol 20%, 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The applicant's usage of first-line oral pharmaceuticals such as Naprosyn effectively obviates the need largely experimental topical compound such as the agent proposed here, as noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is likewise not certified.