

Case Number:	CM13-0058992		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2013
Decision Date:	04/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgery, 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:

The claimant is a 58-year-old gentleman who sustained multiple orthopedic injuries on May 14, 2013 as the result of a work-related accident including neck and low back injuries as well as bilateral shoulder complaints. The claimant also has complaints of insomnia and anxiety. In the medical records provided for review is a handwritten progress report by [REDACTED], dated December 16, 2013, documenting ongoing complaints of neck and low back pain. Physical examination findings on that date were not documented. [REDACTED] documented that the claimant had electrodiagnostic studies performed on October 25, 2013 that showed a left-sided S1 radiculopathy. The working diagnosis was documented as lumbar strain with radiculopathy, cervical sprain with degenerative disc disease, bilateral shoulder impingement, hypertension, and psych issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/TRAMADOL/GABAPENTIN: Upheld

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

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, a compounded agent composed of Flurbiprofen, Tramadol, and Gabapentin would not be recommended as medically necessary. The MTUS Chronic Pain Guidelines do not recommend any of the three requested agents in this compounded medication stating there is little to no research to support the use of these agents. The specific request in this case would not be indicated. As such, the request is noncertified.

NORCO 5/525MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support the continued use of Norco. The records in this case indicate current subjective complaints, but no documentation of objective findings on examination or documentation of a benefit with the use of this narcotic analgesic. In the absence of documentation regarding the effect of Norco for the claimant's symptoms, the request for Norco at this chronic stage in the claimant's clinical course of care would not be indicated. As such, the request is noncertified.

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the request for physical therapy for eight sessions would not be indicated. At present, the claimant is at the chronic stage in the clinical course of care with no documentation of positive objective findings on examination that would warrant the acute need for physical therapy. While the Chronic Pain guidelines do recommend the role of physical therapy sparingly in the chronic setting, the absence of documented objective findings on examination would fail to support this request.

ACUPUNCTURE TWICE A WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on MTUS Acupuncture Medical Treatment Guidelines, eight sessions of acupuncture would not be indicated. Guidelines support a trial of 3-6 sessions over 1-2 months in the chronic setting with documentation of functional improvement in activities of daily living or return to work activities. The requested eight sessions would exceed the recommended Acupuncture Guideline criteria and thus would not be medically necessary.

EMG OF THE LOWER EXTREMITIES: Upheld

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

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

Decision rationale: Based on the California ACOEM Guidelines, EMG of the lower extremities would not be indicated. First and foremost, the records indicate that the studies have already been performed in October 2013. Furthermore, there is no current documentation of an acute change in the claimant's condition or documentation of objective findings on examination of a radicular process to necessitate the need for further EMG. The specific request for EMG would not be indicated. As such, the request is noncertified.

NCV OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: Based on the California ACOEM Guidelines, MRI of the lumbar and/or sacral vertebrae would not be supported. ACOEM Guidelines indicate the need for MRI if there is evidence of objective findings of a radicular process on examination. While the claimant is noted to have continued complaints of pain, there is no documentation of objective findings on physical examination to support a neurologic change to warrant an MRI. The medical records provided for review would fail to support the need for an MRI of the lumbar spine at this chronic stage in the claimant's course of care.

MRI OF THE LUMBAR AND/OR SACRAL VERTEBRAE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Based on the California ACOEM Guidelines, MRI of the lumbar and/or sacral vertebrae would not be supported. ACOEM Guidelines indicate the need for MRI if there is evidence of objective findings of a radicular process on examination. While the claimant is noted to have continued complaints of pain, there is no documentation of objective findings on physical examination to support a neurologic change to warrant an MRI. The medical records provided for review would fail to support the need for an MRI of the lumbar spine at this chronic stage in the claimant's course of care.

FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS and ACOEM Guidelines are silent on this issue. When looking at Official Disability Guideline criteria, a functional capacity examination would not be indicated. Functional capacity examinations are intended for individuals who are close to or at maximal medical improvement with documentation of failed prior return to work attempts. First and foremost, there is no indication that this claimant is at maximal medical improvement given the multiple underlying orthopedic complaints and no documentation of recent or attempted return to work attempts. The specific request in this case would not be indicated.

PSYCH TREATMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

Decision rationale: Based on California ACOEM 2004 Guidelines, referral for psychiatric treatment would not be indicated. There is a lack of clinical documentation pertaining to the claimant's underlying psychiatric issues, working diagnosis, or clinical complaints that would support the need for a formal psyche referral. The specific request at this chronic stage in the claimant's clinical course of care without the above-mentioned information would not be indicated. As such, the request is noncertified.