

<b>Case Number:</b>	CM13-0063295		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Hawaii. 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:

This patient is a 50 year old male with a date of injury of 8/11/1997. Medical records indicate that the patient is undergoing treatment for major depression disorder, generalized anxiety disorder, male hypoactive sexual desire disorder, psychological factors affecting medical condition, high blood pressure, sleep disorder, cervicothoracic spine sprain/strain, left shoulder tendinitis, exacerbation of cardiac condition, cardiovascular disease, sore right foot, cyst in upper nasopharynx, and obstructive sleep apnea. Subjective complaints include intermittent jaw pain, neck pain, headaches, bilateral shoulder pain with radiculopathy, left sided chest pain, shortness of breath, low back pain with radiation bilaterally to lower extremities, constant pain of right foot. Medical records also reported history of a myocardial infarction in 2005 (with 100% blockage of one artery) and a history of smoking (pack years unknown). A utilization review dated 11/11/13 noncertified the request for lumbar spine of MRI, right forefoot MRI, nuclear thallium stress test, cardiology consult, Lovaza 4gram one month supply with 2 refills, and proair HFA 12mps. A partial certification was granted for cognitive behavior psychotherapy and psychiatry follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-315.

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary

**NUCLEAR THALLIUM STRESS TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/007201.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation UPTODATE.COM.

**Decision rationale:** MTUS and ACOEM guidelines are silent regarding nuclear thallium stress test. Uptodate states, "stress testing (exercise or pharmacologic) is recommended to provoke ischemia in low-risk patients with suspected acute coronary syndrome (ACS) after at least six to eight hours of observation without recurrent ischemic discomfort if follow-up 12 lead ECG is normal or unchanged from previous tracings and two troponin levels at least six hours apart are normal". With the patient's prior history of myocardial infarction with 100% blockage, he is not considered low risk. According to up-to-date, the patient would be considered intermediate risk. Additionally, the treating physician does not outline the specific needs of the stress testing for the patient. The medical documents provided do not specify what current and active cardiac complaints the patient has. As such, the request for nuclear thallium stress test is not medically necessary at this time.

**FOLLOW UP WITH CARDIOLOGIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42.

**Decision rationale:** The Expert Reviewer's decision rationale: Medical documents reveal several diagnosis of interest regarding cardiovascular health (diabetes, hypertension, history of MI) that would make cardiology consult reasonable. ACOEM guidelines are silent specifically regarding cardiology consultation. According to ACOEM guidelines, a focused regional exam along with vital signs are important to document as part of a general assessment. Medical documents provided do not provide focused cardiac exam or thorough cardiac review of systems/complaints, which is necessary to justify cardiology consultation. As such, the request for follow up with cardiologist is not medically necessary at this time.

**LOVAZA 4 G ONE MONTH SUPPLY WITH TWO REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [UPTODATE.COM](http://UPTODATE.COM), Lexicomp.

**Decision rationale:** MTUS and ACOEM are silent regarding Lovaza. Lovaza is the brand name version of Omega-3-acid ethyl esters (fish oil). Fish oil is used as "Adjunct to diet therapy in the treatment of hypertriglyceridemia ( $\geq 500$  mg/dL)". The dosage of fish oil for adults is 4 gram/day as a single daily dose or in 2 divided doses. The medical documents provided to not show objective evidence (ie lab results) of hypertriglyceridemia greater than or equal to 500 mg/dL. In the absence of recent lab values, it is not possible to determine if the patient adequately meet this treatment criteria. As such, the request for Lovaza 4 G one month supply with two refills is not medically necessary at this time.

**PROAIR HFA 12 MPS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-24. Decision based on Non-MTUS Citation [UPTODATE.COM](http://UPTODATE.COM), Lexicomp.

**Decision rationale:** MTUS and ACOEM are silent regarding Proair HFA 12 MPS. ProAir HFA is the brand name version of Albuterol (salbutamol), which is used for the "treatment or prevention of bronchospasm in patients with reversible obstructive airway disease; prevention of exercise-induced bronchospasm" and exacerbation of asthma. Medical documents provided revealed the diagnosis of asthma, which might be a valid reason for the use of albuterol. No history, review of systems, current symptoms, or physical exam specific to pulmonary system was detailed in the medical records, which is necessary to determine the severity of the

pulmonary symptoms and if pharmaceutical intervention is necessary. As such, the request for Proair HFA 12 MPS is not medically necessary at this time.

**COGNITIVE BEHAVIORAL PSYCHOTHERAPY X 50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**Decision rationale:** MTUS Pain guidelines and ODG refer to cognitive behavioral psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". Medical documents provided to not detail any physical therapy in regards to chronic pain. Even with a failure of physical therapy, the initial trial of CBT is for 4 sessions or additional ongoing sessions of 6-10 visits. The request for 50 sessions of CBT is far in excess of recommended guidelines. ODG does allow for up to 50 session, but only in cases of severe Major Depression or PTSD. The patient does have a diagnosis of major depression, single episode, but was categorized as mild and not severe. As such, the request for cognitive behavioral psychotherapy X 50 is not medically necessary.

**MRI OF THE RIGHT FOREFOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** ACOEM guidelines state "Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain". The foot pain does appear to have been present for greater than one month. ODG further specifies indications for MRI of foot: -Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular -Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable -Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of

having tarsal tunnel syndrome -Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected-Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Medical documents do notate on 2/27/2014 that the patient had "findings consistent with Morton's neuroma of the right second web space". No physical exam findings to notate tenderness to the 3-4 web space was documented on any progress note. Additionally, no subjective complaints of pain to the 3-4 web space with radiation to the toes were noted in the medical records provided. As such, the request for MRI of the right forefoot is not medically necessary at this time.