

Case Number:	CM13-0065600		
Date Assigned:	01/03/2014	Date of Injury:	09/09/1976
Decision Date:	03/19/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with a 9/9/76 date of injury. At the time of request for authorization for one (1) MRI of the cervical spine, without contrast between 11/18/13 and 1/25/14, one (1) membership to a gym with a pool between 11/18/13 and 1/25/14, and one (1) prescription of Medrox Cream between 11/18/13 and 1/25/14; there is documentation of subjective (neck and upper back pain with associated unsteadiness) and objective (tenderness between the shoulder blades and 4/5 strength of the left triceps) findings, imaging findings (MRI of the cervical spine (9/12/12) report revealed significant stenosis due to disc herniation at the C4-5, C5-6 and C6-7 levels), and current diagnoses (status post anterior decompression and fusion on 5/1/13 with residual balance problems in the setting of cervical stenosis with myelopathy). The treatment to date include physical therapy and medications. The plan indicates a follow-up MRI to determine if there is a need to do a further decompression posteriorly. Regarding the requested one (1) MRI of the cervical spine, without contrast between 11/18/13 and 1/25/14, there is no documentation of a new or progressive neurologic findings since anterior decompression and fusion OR persistent neurologic findings not resolved by anterior decompression and fusion. Regarding the requested one (1) membership to a gym with a pool between 11/18/13 and 1/25/14, there is no documentation that a home exercise program with periodic assessment and revision has not been effective and there is a need for equipment, and that treatment is being monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic)

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

Decision rationale: The MTUS/ACOEM Guidelines identify documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of a diagnosis of status post anterior decompression and fusion on 5/1/13, with residual balance problems, in the setting of cervical stenosis with myelopathy. However, despite documentation of a plan indicating a follow-up MRI to determine if there is a need to do a further decompression posteriorly, subjective (neck and upper back pain with associated unsteadiness), and objective (tenderness between the shoulder blades and 4/5 strength of the left triceps) findings, there is no (clear) documentation of new or progressive neurologic findings, since anterior decompression and fusion OR persistent neurologic findings not resolved by anterior decompression and fusion. Therefore, based on guidelines and a review of the evidence, the request for one (1) MRI of the cervical spine without contrast is not medically necessary.

One (1) membership to a gym with a pool: 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 and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Shoulder Chapters, Gym Memberships.

Decision rationale: The MTUS/ACOEM Guidelines identify strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines identify if documentation of a home exercise program, with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment will be monitored and administered by medical professionals, as criteria necessary to support the medical necessity of a gym membership. Within the medical information available for review, there is documentation of a diagnosis of status post anterior decompression and fusion on 5/1/13, with residual balance problems in the setting of cervical stenosis with myelopathy. However, there is no documentation that a home exercise program with periodic assessment and revision

has not been effective, and that there is a need for equipment, and that treatment is being monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for one (1) membership to a gym with a pool is not medically necessary.

One (1) prescription of Medrox Cream: Upheld

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

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

Decision rationale: Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. The Chronic Pain Guidelines identify documentation that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of status post anterior decompression and fusion on 5/1/13, with residual balance problems in the setting of cervical stenosis with myelopathy. However, Medrox cream contains at least one (1) drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Medrox Cream is not medically necessary.