

Case Number:	CM13-0070461		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2009
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 36-year-old male with a date of injury of 04/17/2009. According to initial consultation report dated 10/24/2013 by [REDACTED] the patient presents with neck, left shoulder, upper, mid, and low back pain. On examination of the neck, there was pain located at the bilateral paracervical region radiating to the bilateral shoulders. Examination of the upper extremities, noted pain over the left shoulder associated with limited range of motion. The shoulder revealed tenderness and spasm over the bilateral trapezius. Examination of the upper back revealed tenderness and spasm over the bilateral paravertebral regions. All testing were negative. On examination of the midback, pain was described as sharp, constant, and exacerbated to a moderate to severe intensity by prolonged sitting, driving, and bending. Examination of the lower back revealed pain over bilateral lumbar area with pain that radiated to bilateral buttocks. There is positive unilateral straight leg raise testing. Examination of the elbow/forearm revealed tenderness to palpation of the bilateral elbows. Range of motion was noted as normal with negative Tinel's elbow sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR EIGHT WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

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

Decision rationale: The treating physician is requesting patient continue with physical therapy to the neck, upper back, and lower back for 2 times per week for a period of 8 weeks. The medical file provided for review includes an authorization for 6 physical therapy sessions back in 2009. There is a gap in records due to the patient being in prison from June 2009 to January 2012. For physical medicine, the MTUS guidelines recommend for myositis and myalgia type symptoms, 9-10 visits over 8 weeks. It appears this patient has not had any recent treatment. A short course of physical therapy may be warranted, but the treating physician's request for 16 sessions exceeds what is recommended by guidelines. Recommendation is for denial.

MENTHODERM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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

Decision rationale: Menthoderm contains menthol and methyl salicylate, an NSAID. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. Medical records provided for review does not indicate the patient has any peripheral joint arthritis or tendinitis. This medication is not indicated for myofascial pain. Recommendation is for denial.

NORFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Guidelines state that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations on patients with chronic pain. MTUS Guidelines do not recommended long term use of muscle relaxants and recommends using 3 to 4 days for acute spasm and no more than 2 to 3 weeks. As medical records document the patient was prescribed muscle relaxants in 2009. It is unclear whether the patient continually took this medication as there is a gap in records due to the patient's time in prison from 2009 to 2012. A short course for acute spasm may be indicated but the treating physician does not indicate that this medication is for short term use and does not provide the quantity being requested. Recommendation is for denial.

PRILOSEC: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

Decision rationale: The MTUS Guidelines states omeprazole is recommended with precautions as indicated below. Clinicians should weigh indications for NSAIDs against both GI and cardiovascular risk factors determining if the patient is at risk for gastrointestinal events, (1) Age is more than 65 years, (2) History of peptic ulcer, GI bleeding, or perforation, 3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant, or (4) High-dose/multiple NSAIDs. The treating physician does not provide any GI risk assessment and there is no documentation that the patient is taking any NSAIDs. A routine use of omeprazole for prophylaxis without GI risk assessment is not recommended. Recommendation is for denial.

CONSULT WITH CHIROPRACTOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: MTUS supports chiropractic treatments and an evaluation with them should be included in the treatments. The treating physician does not explain what is to be accomplished with a consultation. The treating physician should go ahead and discuss chiropractic treatment history and if the patient has not had chiropractic treatments, start with 3-6 sessions of trial as recommended by MTUS. Recommendation is for denial of the requested consultation.

MRI OF LEFT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

Decision rationale: ACOEM Guidelines indicate that routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. ODG guidelines do allow for MRI's of the shoulder for suspected rotator cuff/labral tear pathologies. Given that the patient has not had prior MRI, an MRI is appropriate given the patient's persistent symptoms. The request is medically indicated.

EMG OF UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation ODG, Electrodiagnostic Testing and Carpal Tunnel Syndrome.

Decision rationale: ACOEM Guidelines state that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/subacute conditions. ODG guidelines indicate that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In this case, the patient presents with upper extremities symptoms. The treater is requesting both EMG and NCV. While ACOEM guidelines support electrodiagnostic studies, ODG guidelines states EMG in addition to NCV studies are not generally necessary. The requested EMG is not medically necessary and recommendation is for denial.

NCV OF UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation ODG, Electrodiagnostic Testing and Carpal Tunnel Syndrome.

Decision rationale: ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines state that they are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In this case, the patient continues with upper extremities symptoms. The NCV testing for further investigation is medically necessary and recommendation is for approval.

SPF/NCS OF THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Nerve Conduction Studies.

Decision rationale: The treating physician in his report states the main difference between SPF/NCS and standard NCV/EMG testing is that the latter only test for sensory and motor

function, but not the pain directly. ACOEM guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG guidelines have the following regarding NCV studies states they are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The treating physician is requesting a small pain fiber nerve conduction study. Such studies have not been supported via evidence-based medicine and there are no reliable way of studying thoracic spine nerves via nerve conduction studies. Recommendation is for denial.

NERUAL SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Nerve Conduction Studies, and the Aetna Nerve Conduction Study Policy.

Decision rationale: The treater states in his progress report that the neural scan takes advantage of this mechanism by testing A-delta fiber function in all the major nerves in a region, so the subject is his own control independence of age, gender, and population data comparisons. The nerve requiring the highest amplitude to cause impulse conduction is the nerve associated with the root lesion with 95% sensitivity. The ACOEM, MTUS and ODG guidelines do not specifically discuss neural scans. ODG guidelines do provide discussion for nerve conduction study and states it is not recommended for low back pain. Aetna Nerve Conduction Study Policy states that the Medi-Dx 7000 and Neural-Scan are considered experiential and investigational. Recommendation is for denial.

FUNCTIONAL CAPACITY EVALUATION (FCE) AT THE BEINNING OF TREATMENT AND EVERY 6-8 WEEKS WITH FINAL AT [REDACTED] Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, pages 137-139.

Decision rationale: ACOEM guidelines do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this case, although the treating physician recommends authorization for patient to obtain an initial functional capacity evaluation, he does not discuss why the FCE is being requested. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. Recommendation is for denial.

ROM, MUSCLE TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Range of Motion and Flexibility, and the AMA Guidelines to the Evaluation of Permanent Impairment.

Decision rationale: The ACOEM, MTUS and ODG guidelines do not specifically discuss ROM or muscle testing. However, ODG under Range of Motion does discuss Flexibility. ODG states this type of testing is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. ODG further states that the value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, states, an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The treating physician does not specify what ROM and muscle testing is being requested. Given the lack of specification, recommendation cannot be made. Recommendation is for denial.