

<b>Case Number:</b>	CM14-0011015		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 39-year-old with a date of injury of 09/12/13. A progress report associated with the request for services, dated 01/07/14, identified subjective complaints of cervical, thoracic and lumbar pain as well as bilateral shoulder pain. Objective findings included spinal and shoulder tenderness. There was decreased sensation in the L5 and S1 dermatomes on the right. The triceps and Achilles reflexes were decreased. A Functional Capacity Examination (FCE) was performed on 11/06/13. The diagnoses included cervical, thoracic, and lumbar disc disease; and partial tear of the rotator cuffs bilaterally. The treatment modalities have included physical therapy, Tramadol, non-steroidal anti-inflammatory drugs (NSAIDs), and topical analgesics. A Utilization Review determination was rendered on 01/20/14 recommending non-certification of "10 work hardening visits with modalities to include electric muscle stimulation of the cervical spine, infrared of the lumbar spine, and use of Thermaband for the bilateral shoulder; urinalysis; 3D MRI (magnetic resonance imaging) of the cervical spine; and 3D MRI of the lumbar spine."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEN (10) WORK HARDENING VISITS WITH MODALITIES TO INCLUDE ELECTRIC MUSCLE STIMULATION OF THE CERVICAL SPINE, INFRARED OF THE LUMBAR SPINE, AND THE USE OF THERMABAND FOR THE BILATERAL SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING, Neuromuscular electrical stimul.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS; WORK CONDITIONING, WORK HARDENING, Page(s): 114-121; 125-126.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that work hardening is recommended as an option. The criteria for admission into a program include: - Functional limitations precluding the ability to achieve medium to high level job demands (not clerical / sedentary work). - After treatment with an adequate trial of physical therapy (PT)/occupational therapy (OT) with improvement followed by a plateau and not likely to benefit from further therapy. - Not a candidate where surgery or other treatments would clearly be warranted to improve function. - Sufficient recovery to allow participation for a minimum of 4 hours a day for three to five days a week. - A defined return to work goal agreed to by the employer and employee. - No more than 2 years past the date of injury. - Treatment is not supported beyond 1-2 weeks without evidence of patient compliance. - No re-enrollment after successful completion of a similar program for the same injury. In this case, the record does not document a defined return to work goal or job description; also, the ability to participate a minimum of four hours a day. Additional requests were bundled into the work hardening program including electrical muscle stimulation. The MTUS states that neuromuscular electrical stimulation is not recommended. It is used primarily for rehabilitation following stroke and there is no evidence to support its use in chronic pain. Therefore, the record does not document the medical necessity for a work hardening program. As such, the request is not certified.

**URINALYSIS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) stated that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening two to three times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. In this case, this patient appears to be low risk and there is no documentation of a urine drug screen within the last year. The non-certification was based upon lack of documentation of opioid therapy. However, a progress note within three months of the request did note therapy with opioid analgesics. Therefore, the record does document the medical necessity for one urine drug screen. As such, the request is certified.

### **3D MRI OF THE CERVICAL SPINE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, MRI.

**Decision rationale:** The Medical Treatment Utilization Schedule ACOEM Guidelines state that for cervical nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. The criteria for ordering special studies such as an MRI (magnetic resonance imaging) are listed as: - Emergence of a red flag; - Physiologic evidence of tissue insult or neurologic dysfunction; - Failure to progress in a strengthening program intended to avoid surgery; - Clarification of the anatomy prior to an invasive procedure. Additionally, recent evidence indicates cervical disc annular tears may be missed on MRIs as well as a 30% false-positive rate in patients without symptoms and under the age of 30. The Official Disability Guidelines (ODG) states that an MRI is recommended with certain indications. These include: - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurological signs or symptoms present; - Neck pain with radiculopathy if severe or progressive neurologic deficit; - Chronic neck pain, radiographs show spondylosis, neurological signs or symptoms present; - Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; - Chronic neck pain, radiographs show bone or disc margin destruction; - Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or computed tomography (CT) "normal"; - Known cervical spine trauma: equivocal or positive plain films with neurological deficit; - Upper back/thoracic trauma spine trauma with neurological deficit. The non-certification was based upon lack of documentation of surgical plans. However, the claimant does have cervical pain in the setting of trauma with some evidence of a neurologic deficit including decreased dermatomal sensation and reflexes. Unfortunately, motor function was not documented. Therefore, the record does document the medical necessity for an MRI of the cervical spine. Since the request is in accordance with the MTUS guidelines, the request is certified.

### **3D MRI OF THE LUMBAR SPINE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic

examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The guidelines further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. The non-certification was based upon lack of documentation of surgical plans. However, the claimant does have lumbar pain in the setting of trauma with some evidence of a neurologic deficit including decreased dermatomal sensation and reflexes. Unfortunately, motor function was not documented. Therefore, the record does document the medical necessity for an MRI of the lumbar spine. Since the request is in accordance with the MTUS guidelines, the request is certified.