

Case Number:	CM14-0015299		
Date Assigned:	06/11/2014	Date of Injury:	04/17/2006
Decision Date:	07/22/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 52-year-old female who reported an injury on 4/17/06. The mechanism of injury was repetitive motion. Per the clinical note dated 9/17/13, the injured worker was reported to have tenderness to palpation over the cervical spine with spasms to the paraspinal musculature and the trapezius with a positive Neer's sign. Range of motion was flexion 35 degrees, and extension 42 degrees. Per the clinical note dated 4/16/14, the injured worker reported continued lower back pain with radiation to the bilateral hips and down the back of both legs and numbness in both hips. On physical examination the injured worker was reported to have normal lumbar lordosis and thoracic kyphosis, along with normal gait with no limping or weakness. Previous treatments for the injured worker included physical therapy, acupuncture, chiropractic care, and a spinal cord stimulator to the lower back. The diagnoses for the injured worker were reported to include cervical, thoracic, lumbar spine sprain with radiculitis, bilateral shoulder sprain, bilateral elbow epicondylitis, bilateral forearm/wrist tenosynovitis, and de Quervain's carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

CS MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM guidelines state that criteria for ordering imaging studies include emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to invasive procedure. The physiological evidence may be in the form of definitive neurological findings on physical exam, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurological compromise. There is a lack of documentation indicating whether diagnostic studies such as x-rays or electrodiagnostic studies were previously performed. There is a lack of objective findings that identified specific nerve compromise upon neurological examination including decreased sensation, upper extremity weakness, and decreased reflexes. There is a lack of neurological deficits related to the cervical spine that would support the need for an MRI. As such, the request is not medically necessary.

EMG OF THE LEFT ARM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the California MTUS/ACOEM guidelines, for most true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Red flag issues include severe spinal vertebral disease such as tumor, infection, major trauma, or progressive neurological deficit, severe debilitating symptoms and physiologic evidence of specific nerve root or spinal cord compression. Electromyography may help identify subtle focal neurological dysfunctions in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks. There is a lack of objective findings that identify specific nerve compromise upon neurological exam including decreased sensation, upper extremity weakness, and decreased reflexes. There is a lack of documentation regarding subjective and objective findings consistent with radiculopathy or nerve entrapment. There is a lack of documentation regarding failed conservative treatments for the injured worker. There is a lack of neurological deficits related to the cervical spine that would support the need for an EMG. As such, the request is not medically necessary.

NCV OF THE LEFT ARM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the California MTUS/ACOM guidelines, for most true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Red flag issues include severe spinal vertebral disease such as tumor, infection, major trauma or progressive neurological deficit, severe debilitating symptoms, and psychological evidence of specific nerve root or spinal cord compromise. Nerve conduction velocities including H reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks. There is a lack of objective findings that identify specific nerve compromise upon neurological examination including decreased sensation, upper extremity weakness, and decreased reflexes. There is a lack of documentation regarding subjective and objective findings consistent with radiculopathy or nerve entrapment. There is a lack of documentation regarding failed conservative treatments for the injured worker. There is a lack of neurological deficits related to the cervical spine, including an EMG study that would support the need for a nerve conduction study. As such, the request is not medically necessary.

HOME CARE THREE (3) HOURS A DAY, FIVE (5) DAYS A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: Per California MTUS Guidelines, home health is recommended only for patients who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is a lack of documentation regarding the injured worker being homebound. There is a lack of documentation regarding the specific needs of the injured worker with regard to assistance. There is a lack of documentation regarding potential surgeries or other treatments that would cause the injured worker to require assistance. As such, the request is not medically necessary.

SUPPLIES FOR OS4 STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-120. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/orthostim-4-surgistim-4/>.

Decision rationale: Per California MTUS Guidelines, electrotherapy represents therapeutic use of electricity and is another modality that can be used in the treatment of pain. It should be noted there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices such as H wave stimulation, interferential current stimulation, microcurrent electric stimulation, RS4I sequential stimulator, electroceutical therapy, and neuromuscular electrical stimulation have been designed and are distinguished from TENS based on their electric specifications. Galvanic stimulation is considered investigational for all indications and high voltage pulse stimulation is not recommended. Interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work exercise and medication and limited evidence of improvement on these recommended treatments alone. Per the online documentation, Orthostim4 provides treatment for pain, spasm, swelling, muscle weakness, lack of circulation, and compromised range of motion. The unit uses high volt pulsed current stimulation and neuromuscular electric stimulation, interferential stimulation, and pulsed direct current stimulation. There is a lack of clinical documentation regarding the efficacy of other appropriate pain modalities that have been utilized, and the outcome of those modalities. There is a lack of documentation regarding if the injured worker already possesses this unit and if so, the efficacy of the unit, including increased functionality or decreased pain. In addition, parts of the various treatment modalities associated with this unit are not recommended under the California MTUS Guidelines. As such, the request is not medically necessary.

NORCO 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78, 91.

Decision rationale: Per the California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain, extended release opioids are recommended. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding the injured worker's use of this medication and the efficacy of the medication. There is a lack of objective clinical documentation regarding any decrease in pain or increase in functionality while utilizing this medication. There is a lack of documentation regarding any potential aberrant behavior related to this medication. In addition, the request did not include frequency information for the medication. As such, the request is not medically necessary.

ZANTAC 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Per the California MTUS guidelines to determine if a patient is at risk for gastrointestinal events, one or more of the following criteria need to be met: age greater than 65 years; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulant; or high dose multiple NSAID use. Ranitidine, also known as Zantac, is used to treat ulcers, gastroesophageal reflux disease which is a condition of backward flow of acid from the stomach which causes heartburn and injury of the esophagus, and conditions where the stomach produces too much acid such as Zollinger-Ellison syndrome. It is also used sometimes to treat upper gastrointestinal bleeding and to prevent stress ulcers, stomach damage from use of nonsteroidal anti-inflammatory drugs, and aspiration of stomach acid during anesthesia. There is a lack of documentation regarding the current use of NSAIDS and any negative side effects associated with that use. There is a lack of documentation regarding other potential causative or contributory factors related to the acid reflux including peptic ulcer, GI bleeding, or perforation. There is a lack of documentation regarding the length of time the injured worker had been using NSAIDs. The documentation provided notes the injured worker experienced no nausea, vomiting, dysphagia, loss of appetite, or weight loss as a result of the acid reflux. In addition, the injured worker is under the age of 65, has no history of peptic ulcer, GI bleeding or perforation, and is no longer using NSAIDS. In addition, the request did not include frequency information for the medication. As such, the request is not medically necessary.

TRANXENE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Per the California MTUS guidelines, benzodiazepines are not recommended for long term use because long term efficacy is unproven, and there is a risk for dependence. Most guidelines limit use to four weeks. Their range of action includes sedative, hypnotic, anxiolytic, anticonvulsant, and muscle relaxant traits. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months; long term may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tranxene, also known as Clorazepate, is used to treat anxiety, acute alcohol withdrawal, and seizures. This medication belongs to the class of drugs called benzodiazepines. There was a lack of documentation

regarding the time frame the injured worker had been utilizing this medication. There is a lack of documentation regarding the efficacy of this medication. There is a lack of documentation regarding any potential aberrant behavior or use of this medication by the injured worker. There is a lack of documentation regarding the intended function of the medication, whether for sleep or for pain. In addition, the request did not include frequency information for the medication. As such, the request is not medically necessary.