

<b>Case Number:</b>	CM14-0018966		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Family Practice 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 49-year-old female who sustained an injury to her neck on 12/14/13 while working as a washer. She was cleaning the inside of a car when somebody turned on the car and accelerated, which knocked her to the ground and rendered her motionless. The injured worker reported that the neck pain radiates to the bilateral shoulders and upper back. It was reported that she also had mid back pain/stiffness that radiated into the left lower extremity. Physical examination noted antalgic gait; decreased cervical lordosis; cervical muscle guarding and spasm; upper trapezius tenderness; triggerpoints; positive cervical compression; tenderness along the thoracic/lumbar paravertebral muscles; tenderness over the spinous processes and sacroiliac joints bilaterally; paravertebral muscle guarding; positive straight leg raise; positive Lasegue's maneuver. The injured worker was diagnosed with a cervical sprain/strain, cervicogenic headaches, lumbar sprain/strain with left upper extremity radiculopathy. The records indicate that the patient has been treated with chiropractic manipulation treatment, topical analgesics, non-steroidal anti-inflammatories and muscle relaxants. Plain radiographs of the lumbar and thoracic spine were unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BASELINE FUNCTIONAL CAPACITY EVALUATION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 23.

**Decision rationale:** The request for one baseline functional capacity evaluation is not medically necessary. The previous request was not granted on the basis that there was no evidence demonstrating any no attempt to return to work, non-compliance from the employer regarding work restrictions or conflicting medical reports. Taking into account the information factors, as well as not enough reliability validity of functional capacity evaluations, the prospective request was not medically necessary. There was no additional objective clinical information submitted that would support overturning the adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for one baseline functional capacity evaluation has not been established. Therefore, the request is not medically necessary.

**1 URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 43.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines , urine drug screen is recommended as an option, to assess for the use or the presence of illegal drugs. However, there is no evidence in the documentation of suspicion of diversion or dependence. Additionally, the patient is not utilizing opiate medications necessitating routine drug screens. As such, the request for one urine drug screen is not medically necessary.

**1 INTERFERENTIAL UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 118-120.

**Decision rationale:** The request for one interferential unit is not medically necessary. The previous request was not approved on the basis that that there was not enough documentation indicating the injured worker's inability to perform exercise programs or participate in supervised therapy. Furthermore, there was not enough objective findings to determine the efficacy of prior medication use. There was no additional significant objective clinical information that would support overturning the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for one interferential unit has not been established. Therefore, the request is not medically necessary.

**1 LUMBAR SPINE SUPPORT BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The request for one lumbar spine support brace is not medically necessary. The previous request was not granted on the basis that lumbar braces have not been shown to provide benefit beyond the acute phase of care. The Official Disability Guidelines states that current, evidence-based studies have found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs in preventing episodes of back problems. Studies have also found that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Current, evidence-based studies have shown that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Given the clinical documentation submitted for review, medical necessity of the request for one lumbar spine support brace has not been established. Therefore, the request is not medically necessary.

**1 PRESCRIPTION OF CYCLOBENZAPRINE CREAM 60GM WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 41.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of Cyclobenzaprine Cream 60gm With 1 Refill cannot be established at this time. Therefore, the request is not medically necessary .