

Case Number:	CM14-0140973		
Date Assigned:	10/15/2014	Date of Injury:	08/04/2013
Decision Date:	12/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 (IW) is a 54-year-old woman who sustained an industrial injury on August 4, 2013. The mechanism of injury was not documented in this medical record. An AME was completed on January 27, 2014. Previous treatment has included over two months of physical therapy (PT) with minimal relief. The IW has not worked since the date of injury. She was diagnosed with 1. History of cervicothoracic spine strain, rule out radiculopathy. 2. Bilateral shoulder subacromial impingement syndrome. 3. Bilateral elbow medial epicondylitis. 4. Non-specific bilateral wrist pain. 5. History of lumbar spine strain, rule out lumbar radiculopathy. 6. Rule out internal derangement of hips, knees and feet. 7. Rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment neuropathy. 8. History of complaints of headaches, internal medicine, psyche, hair loss, and eyes as per associate specialist. 9. Status-post left ankle and foot burn in 2011. The AME recommended updated electrodiagnostic testing of the bilateral upper and lower extremities and MRIs of the cervical, thoracic and lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists, pelvis, hips, bilateral knees, bilateral feet and head. Electrodiagnostic studies of the lower extremities completed January 27, 2014 revealed normal EMG of the lower extremities and normal NCS of the lower extremities. Electrodiagnostic studies of the upper extremities completed February 3, 2014 revealed normal EMG of the upper extremities and normal NCS of the upper extremities. An MRI of the cervical spine was completed on February 6, 2014. The impression revealed: 1. There is loss of intervertebral disc height and disc desiccation changes seen at C4-C5 and C5-C6 levels with straightening of the normal cervical spine lordosis. No prevertebral soft tissue abnormalities as seen. 2. At C4-C5 level annular concentric slightly more to the left greater than the right 3.2mm broad-based disc protrusion is seen flattening and abutting the anterior and left greater than the right portion of the thecal sac focally extending to the left lateral recess with slight left

paracentral cord compression, but no cord edema. There is no extrusion or sequestration of the disc material. 3. At C5-C6 level annular concentric and bilateral lateral 3.0 mm broad-based disc protrusion present flattening and abutting the anterior portion of the thecal sac extending to the bilateral lateral recesses and neural foramina producing mild bilateral lateral spinal and neural foraminal stenosis. 4. At C6-C7 level annular concentric and bilateral lateral 3.2 mm broad-based disc protrusion present flattening and abutting the anterior portion of the thecal sac extending to the bilateral lateral recesses and neural foramina producing mild bilateral lateral spinal and neural foraminal stenosis. An MRI of the brain dated February 6, 2014 was normal. An MRI of the left shoulder was completed on February 6, 2014. The impression revealed: 1. The acromion is Type II with mild proliferative changes seen in the acromioclavicular joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes seen. No tear, medial retraction or atrophy is present. 2. The rest of the rotator muscles and tendon are normal. 33. Small focal area of increased signal intensity seen in the superior and outer portion of the humeral head; measuring 0.5 cm, representing small cystic structure, but no osteochondral defect or trabecular fracture is present. 4. There is mild amount of fluid seen in the glenohumeral joint, tracking into the subcoracoid bursa, consistent with bursitis. There is no leak into the subacromial space. An MRI of the right shoulder dated February 6, 2014 revealed: 1. the acromion is Type I-II with moderate proliferative changes seen in the acromioclavicular joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes seen. No tear, medial retraction or atrophy is present. 2. The rest of the rotator muscle and tendon are normal. 3. There is a small amount of fluid seen in the biceps tendon sheath consistent with tenosynovitis changes. No evidence for tear or SLP type of injury detected. An MRI of the right elbow dated February 6, 2014 was normal. An MRI of the left elbow dated February 6, 2014 revealed mild amount of fluid seen within the elbow joint, but no osteochondral defect, trabecular fracture or areas of suspicion for epicondylar lesion present. An MRI of the right wrist dated February 6, 2014 was normal. An MRI of the left wrist dated February 6, 2014 was normal. An MRI of the thoracic spine dated February 6, 2014 revealed normal thoracic spine. An MRI of the right hip dated February 6, 2014 revealed normal right hip. An MRI of the left hip dated February 6, 2014 revealed normal left hip. An MRI of the lumbosacral spine was completed on February 6, 2014. The impression revealed L4-L5 level annular concentric broad-based 3 mm protrusion is seen, flattening and abutting the anterior portion of the thecal sac with mild bilateral spinal and neural foraminal stenosis. There is no extrusion or sequestration of the disc material. An MRI of the right knee dated February 6, 2014 revealed grade III signal seen with at least partial tear within the body and posterior horn of the medial meniscus. The lateral meniscus is unremarkable. No ligament tear is seen. An MRI of the left knee dated February 6, 2014 revealed grade II-III signal seen within the body and posterior horn of the medial meniscus is unremarkable. An MRI of the right foot dated February 6, 2014 revealed mild hallux valgus deformity but no significant abnormality with respect to the metatarsophalangeal joint seen. An MRI of the left foot dated February 6, 2014 revealed mild hallux valgus deformity but no significant abnormality with respect to the metatarsophalangeal joint seen. Mild amount of fluid seen within the flexor digitorum longus tendon sheath, consistent with tenosynovitis changes. No evidence of tear. An AME re-evaluation was completed on February 24, 2014. Multiple imaging studies and medical records were reviewed. The IW was diagnosed with cervical spondylosis, bilateral shoulder impingement syndrome, history of thoracic spine strain, lumbar spine spondylosis, bilateral knee medial meniscal tears and bilateral plantar fasciitis, Future medical care was to allow for orthopedic follow-up, medications, injections, physical therapy, and

diagnostic work-up. It was noted that the IW might ultimately require pain management for the neck and back, and arthroscopic surgery for the knees and shoulders. No surgery was indicated at the present time. A urine drug screen (UDS) was collected on March 12, 2014 that was positive for Tramadol. The treating provider most recently evaluated the IW on July 9, 2014 at which time he reported pain 7-9/10. Examination demonstrated tenderness, positive cervical compression test, restricted range of motion, positive straight leg raise bilaterally, positive impingement supraspinatus test, positive McMurray's bilaterally. The IW states that the acupuncture helps to decrease his pain and tenderness. The IW was maintained on temporary disability. The IW has already been approved for 4 sessions of acupuncture for the cervical, thoracic, and lumbar spine, as well as four sessions of acupuncture for the upper extremities. It appears as if the IW participated in at least some of his treatment, according to the evaluation dated July 9, 2014. The IW reports that the acupuncture helps to decrease his pain and tenderness. However, the injured worker's complaints of pain have remained essentially unchanged when compared to the May 28, 2014 evaluation. Additionally, the physical examination and work status report has remained unchanged. As such, the functional improvement has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (12-sessions, two times a week for six weeks, to the cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Acupuncture- Neck

Decision rationale: Pursuant to Official Disability Guidelines (ODG), acupuncture to the cervical spine two times a week for six weeks is not medically necessary. According to the ODG, acupuncture under study for the upper back not recommended for neck pain. Efficacy for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically significant effect compared with placebo. There is limited or conflicting evidence from clinical trials that acupuncture is superior to sham or active controls for relief neck pain. ODG acupuncture guidelines include an initial trial of 3 to 4 visits over two weeks with evidence of functional improvement. In this case, the injured worker had been approved for four sessions of acupuncture. He reported a decrease in pain and tenderness; however, the IW's complaints of pain have remained unchanged. Additionally, true functional improvement is not been established. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the request is not medically necessary.

Acupuncture (12-sessions, two times a week for six weeks, to the thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Acupuncture Back

Decision rationale: Pursuant to Official Disability Guidelines, acupuncture to the thoracic spine two times per week for six weeks is not medically necessary. Acupuncture guidelines include 3 to 4 visits over two weeks with evidence of objective functional improvement. In this case, the injured worker was approved for four sessions of acupuncture to the thoracic spine. The acupuncture decreased pain and tenderness, however the patient's complaints of pain remained essentially unchanged. Additionally, true functional improvement has not been established. Based on the clinical evidence the medical record in addition to the peer-reviewed, evidence-based guidelines, the request is not medically necessary.

Acupuncture (12-sessions, two times a week for six weeks, to the lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section

Decision rationale: Pursuant to Official Disability Guidelines (ODG), acupuncture to the lumbar spine two times per week for six weeks is not medically necessary. The ODG guidelines for acupuncture include 3 to 4 visits over two weeks with evidence of objective functional improvement. In this case, the injured worker was approved 4 sessions of acupuncture to the lumbar spine. The acupuncture resulted in decreased pain and tenderness; however, the patient's complaints of pain remained essentially unchanged. Additionally, true functional improvement has not been established. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines the request is not medically necessary.

Acupuncture (12-sessions, two times a week for six weeks, to the bilateral upper extremities): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulders

Decision rationale: Pursuant to Official Disability Guidelines (ODG), acupuncture to the bilateral upper extremities two times a week for six weeks is not medically necessary. The ODG criteria for acupuncture include an initial trial of 3 to 4 visits over two weeks with evidence of functional improvement. In this case, the injured worker was approved four sessions of acupuncture to the bilateral upper extremities. The acupuncture resulted in decreased pain and tenderness over the upper extremities bilaterally, however the injured worker continued to complain of pain that was essentially unchanged. Additionally true functional improvement had

not been established. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines the request is not medically necessary.

Fluriflex 180gm (Prescribed on 7/9/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical analgesics

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Fluriflex (Flurbiprofen and cyclobenzaprine) is not medically necessary. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, according to the official disability guidelines there is no evidence for use of muscle relaxants as a topical product. As noted above, "any compounded product that contains at least one drug that is not recommended (Flurbiprofen) is not recommended", therefore Fluriflex is not medically necessary. Based on the clinical information in the medical record and the evidence-based peer-reviewed guidelines the request is not medically necessary.

TGHot 180gm (Prescribed on 7/9/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical analgesics

Decision rationale: Pursuant to the Official Disability Guidelines the compounded product containing Tramadol/Gabapentin/Menthol/Camphor/Capsaicin not medically necessary. There is little to no research to support the use of many topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, gabapentin and menthol are not recommended. Any compounded product that contains at least one drug (Gabapentin, Menthol) that is not recommended is not recommended. Consequently the topical compound containing tramadol, gabapentin, menthol, camphor and Capsaicin is not medically necessary. Based on the medical information in the medical record in the peer-reviewed evidence-based guidelines the request is not medically necessary.

Cyclobenzaprine 7.5mg #60, BID (Prescribed on 7/9/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cyclobenzaprine

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), cyclobenzaprine is not medically necessary. According to the guidelines, cyclobenzaprine is recommended as an option using a short course of therapy. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, the injured worker has been taking cyclobenzaprine on a chronic basis, longer than one year. This is inconsistent with the guidelines set forth. Non-sedating muscle relaxants may be used as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical record shows this patient did not have an acute exacerbation of his chronic low back pain. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request is not medically necessary.

One Time Consultation with a Dermatologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7 page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Pursuant to the ACOEM Practice Guidelines, a one-time consultation with the dermatologist is not medically necessary. In this case, the medical record has no documentation of dermatologic or skin complaints either subjectively or objectively. Consequently, there is no indication for dermatology consultation. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines the request is not medically necessary evidence-based guidelines a dermatology consult is not medically necessary.

One Time Consultation with a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7 page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visit, Depression

Decision rationale: Pursuant to the Official Disability Guidelines, one-time consultation with psychologist is not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits to the office of physicians play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the documentation did not contain any subjective psychological complaints or objective findings on physical examination to suggest or indicate the injured worker required a psychological evaluation. There was a diagnosis of situational depression, however there was no discussion in the body of the record as to whether this warranted psychological evaluation. Consequently, the request is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, the urine drug screen is not medically necessary. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue opiate treatment. This information includes clinical observation results of addictions screening, and prescription drug monitoring reports. In this case, the injured worker has urine drug screens at almost every follow-up visit. The medical records do not contain any information as it pertains to assessing for the use of presence of illegal drugs or making the IW at risk patient. Additionally, the medical record does not contain any issues as it pertains to abuse, addiction or poor pain control and consequently frequent drug screens are not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request is not medically necessary.

Physical Performance Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examination and Consultants, Chapter 7, page 137-138 and the Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Functional Capacity Evaluation

Decision rationale: Pursuant to the Official Disability Guidelines, the requested functional capacity evaluation is not medically necessary. According to the guidelines, there is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Little is known about the reliability and validity of these tests. A functional capacity evaluation is time-consuming and cannot be recommended as a routine evaluation. In this case, the medical records do not established medical necessity. This type of evaluation should not be recommended as routine. The test, as noted above, is markedly unreliable and it may be an indicator of the patient's ability to perform certain tasks on certain days. Additionally, there is no indication in the medical record the injured worker has attempted to return to work unmodified capacity. Based on the information in the medical and the peer-reviewed, evidence-based guidelines, the request is not medically necessary.