MAXIMUS Federal Services

Case Number:	CM14-0185488		
Date Assigned:	11/14/2014	Date of Injury:	03/12/2004
Decision Date:	12/22/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 Emergency 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:

Patient has reported date of injury on 3/12/2004. No mechanism of injury was documented anywhere in progress notes provided.Patient has a diagnosis of cervical disc disorder, lumbar disc disorder, lumbago, thoracic disc disease, carpal tunnel syndrome and cervical radiculopathy. Patient also has a diagnosis of anxiety. Medical reports reviewed. Last report available was on 9/29/14. Patient reports improvement in symptoms with use of Tramadol and Omeprazole. Patient reportedly had a panic attack and went to the emergency room. Patient has complains of neck pains. Pain radiates down bilateral arms. Pain is 6-7/10 and is burning and aching. Patient claims trouble sleeping due to mattress "does not give her support."Objective exam reveals normal gait with normal posture. Cervical spine exam reveals tenderness and crepitus in paraspinal region and midline tenderness at C5-6 and C6-7. Range of motion (ROM) was normal with no pain except flexion. Thoracic and lumbar exam was normal with mild tenderness to paraspinal region and normal ROM. Elbow exam reveals olecranon tenderness with normal ROM. Tinel's exam is positive. Neurological exam was normal with no sensory or motor deficits. Wrist exam is positive for Tinel's and Phalen's. Electromyogram (EMG) was requested due to complaints of "radiculopathy", "weakness", "and failure to respond to conservative treatments". Orthopedic mattress was requested for "trouble sleeping on current mattress due to musculoskeletal injuries". Psychiatric consultation was requested due to "panic attacks at work". Consultation to pain management and rheumatology has no rationale or justification documented except that "outside area of expertise". Physical exam was requested to "improve strength and mobility". Physical therapy document dated 10/6/14 reports that patient had 8 physical therapy (PT) visits authorized and was completed. No imaging or electrodiagnostic reports were provided for review. No medication list was documented. Notes mention that patient is on Tramadol, Omeprazole and were on a muscle relaxant and topical cream.Independent Medical

Review is for EMG/NCV of bilateral upper extremities; Physical Therapy of cervical and thoracic spine 2/week for 4weeks (8total); Cyclobenzaprine 7.5mg #90; Ibuprofen 10% topical cream #60g; consultation with pain management specialist; consultation with psychiatrist; consultation with rheumatologist and orthopedic mattress.Prior UR on 10/23/14 recommended non-certification. It certified prescription for Tramadol and modified EMG/NCV to EMG of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines.As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Patient has not had any documented changes in neurological exam or complaints. There is no rationale about why testing is requested for a chronic condition. Patient has no neurological dysfunction or weakness or sensory changes and has normal exam as per orthopedist.As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. Patient has signs of carpal tunnel syndrome and warrants NCV testing. However, since EMG is not medically necessary, this entire request for EMG/NCV of bilateral upper extremities is not medically necessary.

Physical therapy for cervical spine and thoracic spine 2 x 4 (8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented 8 PT sessions. The provider has failed to document any improvement or rationale as to why additional PT sessions are necessary and why home directed therapy and exercise cannot

be done. Additional physical therapy of cervical spine and thoracic spine is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. Patient was on Relafen and there is no rationale as to why provider suddenly decided to change to cyclobenzaprine. The number of tablets is also excessive and not consistent with short term use. Cyclobenzaprine is not medically necessary.

Enova-Ibuprofen 10% 60 gram tube topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Ibuprofen is an NSAID. As per MTUS Chronic pain guidelines, topical NSAIDs are shown to the superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. Patient has spinal back pain. There is no documentation to support where this topical compound is to be used. Ibuprofen is also not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Ibuprofen cream is not medically necessary.

Consultation with pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (Update 2004), Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of

conservative management. The patient is on minimal pain medications and has improvement with current therapy. There are no documented pain procedures needed or indicated. There is nothing documented by the provider that an orthopedic specialist is not able to manage that a pain specialist is needed for. Consultation with pain management specialist is not medically necessary.

Consultation with psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. The provider has failed to document anything beyond the patient feeling anxious or depressed. There is no documentation of basic psychiatric assessment or basic depression screening questions. The provider has failed to provide any conservative management to address the issues that this patient has with no attempt at medications or referral to psychologist. Consultation with a psychiatrist is not medically necessary.

Consultation with Rheumatologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. The provider has failed to document any need for a rheumatologist. Patient has reported (by the provider) mechanical causes for pain such as disc disease and radiculopathy. A concern for fibromyalgia is not a valid reason since the provider has failed to document any exam consistent with that diagnosis. There are no indications provided that requires consultation with a Rheumatologist. Consultation with Rheumatologist is not medically necessary.

Durable medical equipment (DME): Orthopedic mattress: 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), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); (Low Back-Thoracic and Lumbar), (Mattress Selection).

Decision rationale: MTUS Chronic pain guidelines and ACOEM guidelines do not adequately address this topic. Patient has chronic low back pains with complaints of poor sleep. No details of sleep problem were provided. There is no documentation of other sleep modality interventions including sleep medications, sleep studies or other conservative therapies. There is no documentation that other causes of sleep such as habit related, psychiatric; sleep apnea or poor pain control has been adequately assessed before blaming patient's sleep problems on the bed. According to the Official Disability Guideline (ODG), mattress selection is subjective and is not recommended due to lack of evidence to support any special mattress selection in low back pain. As per ODG, mattress selection and comfort appears to be purely subjective and is therefore not medically recommended.