MAXIMUS Federal Services

Case Number:	CM14-0027333		
Date Assigned:	04/30/2014	Date of Injury:	05/22/2011
Decision Date:	06/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational 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 patient is a 65 year old female with chronic pain involving multiple body parts attributed to an injury on 5/22/11. She has shown little improvement with treatment thus far. Neither cervical nor lumbar radiculopathy is clearly established in the medical records or corroborated by diagnostic testing. Ongoing left-sided carpal tunnel symptoms remain in question. PR-2 dated 03/04/2014 document her headaches have been less intense after receiving the occipital nerve blocks. She has been having frequent pain and numbness in her right hand. She has been wearing the wrist brace. She complains of constant neck, upper and lower back pain but noted that she does get greater than 80% improvement in pain with her current medications. However, she notes she has been having abdominal pain which she attributes to her use of NSAIDs (Naproxen). She feels that her current pain and discomfort is totally impacting her general activity, ability to work as she did previously, her enjoyment of life and her ability to concentrate and interact with other people. She has continued to have much trouble sleeping due to pain. She has been feeling depressed and anxious and rated her depression as 10/10 with 10 being the most severe. She is not working at the present time. Objective findings on examination of the cervical spine show the ranges of motion slight restricted in all planes while the ranges of motion of the lumbar spine were slightly to moderately restricted in all planes on today's exam. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, as well as in the gluteus muscles. The ranges of motion of bilateral knees slight decreased in all directions. She could not perform head to toe gait well and demonstrated a limp. Sensation to fine touch and pinprick was decreased in the bilateral calves. Left foot dorsiflexion was weak at 4/5. Also, there was decreased sensation to fine touch and pinprick in the left thumb and index finger. Left hand grip was weak at +4/5. Abduction of the left thumb was also weak at 4/5. There

was diffuse tenderness to the right wrist upon palpation. The assessment determined the patient to have chronic myofascial pain syndrome, cervical and thoracic spine, 9-10 mm Disc herniation L4-5, 5-6 disc protrusion at L5-S1 and 7-8 mm disc protrusion at L3-4, chronic daily headaches, cervicogenic, status post release of right carpal tunnel syndrome eon 04/23/2013 and NSAIDs induce gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI (EPIDURAL STEROID INJECTION) X2 AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the California MTUS guidelines, epidural steriod injection may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). According to records, the patient was approved to undergo lumber epidural steriod injection on 12/13/2012. According to the guidelines, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. However, the medical records do not document the patient's response to the prior procedure. In absence of evidence of objective functional improvement with the prior LESI, additional injections are not supported by the guidelines. Further, orthopedic QME dated 1/21/14 states that her industrial lumbar sprain has resolved, and future medical care is not warranted. In addition, while her pain management physician noted subjective complaints of radicular pain into the lower extremities along with abnormal lower extremity physical exam findings, these findings are not corroborated by the QME of EMG/NCS of the lower extremities on 9/4/12. While her lumbar MRI 9/28/11 shows significant degenerative disc disease, there is no mention of nerve impingement and neural foramina are noted to be patient. In sum, the patient is felt to have returned to baseline, and radiculopathy is not clearly corrobated by examination or diagnostic findings. Medical necessity is not established.

NAPROXEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): (s) 66-68.

Decision rationale: According to the California MTUS, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The

guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. Furthermore, the patient complains of GI upset with Naproxen, and medical records do not establish the patient has obtained significant benefit with Naproxen. The medical necessity of the request is not established.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): (s) 68-69.

Decision rationale: The California MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which are: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient is 65 and has documented gastritis. However, the request for Naproxen is not supported by the medical records and guidelines and is not deemed medically necessary. Naproxen was decently discontinued due to gastritis. As such the request for Omeprazole is not medically necessary.

AQUA THERAPY X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to California MTUS, Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic therapy may be recommended for individuals with certain circumstances where limited weight-bearing is required. That is clearly not the case of this patient. At this juncture, the patient should be utilizing a self-directed home exercise program. Furthermore, QME on 1/21/14 opines that the patient's industrial injuries to her cervical spine and lumbar spine have resolved. Shoulder and knee complaints are felt to have either resolved or be non-industrial. Future medical is only provided for carpal tunnel symptomatology for which Aquatic Therapy is not indicated. The request for Aqua therapy is not supported by the medical records and guidelines, and is not medically necessary.

OCCIPITAL NERVE BLOCKS X2: 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- Greater Occipital Nerve Block, Therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Greater Occipital Nerve Block (GONB).

Decision rationale: According to the Official Disability Guidelines, greater occipital nerve blocks are currently under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, non-controlled case series. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. There is no evidence of occipital neuralgia or cervicogenic headaches in this case. The medical records do not establish objective findings with a viable rational that establish the medial necessity for proceeding with a procedure that is currently under study and whose efficacy has not been established. Further, while the pain management physician, with documentation of supportive physical examination findings, performed trigger point injections, QME 1/21/14 failed to find any significant findings on examination of the cervical spine. Industrial cervical spine complaints were felt to have resolved. The medical necessity of this request is not established.