

Case Number:	CM14-0030925		
Date Assigned:	10/24/2014	Date of Injury:	01/17/2014
Decision Date:	11/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 01/17/2014, due to an unknown mechanism. Diagnoses were head pain, cervical spine musculoligamentous strain/sprain with radiculitis, rule out disc protrusion, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, bilaterally shoulder strain/sprain and impingement syndrome, bilateral elbow strain/sprain, bilateral wrist strain/sprain, depression/anxiety, situational, and sleep disturbance secondary to pain. Physical examination on 09/19/2014 revealed complaints of headaches, as well as pain in the neck, mid/upper back, lower back, bilaterally shoulders/arms, and bilateral elbows/forearms. He also complained of pain and numbness in the bilateral wrists/hands. The headaches, mid/upper back, bilateral shoulders, elbows/arms, and bilateral wrists/hands were rated 4/10 on the VAS, which has remained the same since the last visit. The neck and lower back, which has remained the same since the last visit, was a 5/5, and the pain for bilateral elbows/forearms was reported to be 3/10. Examination of the cervical spine revealed grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since the last visit. There was restricted range of motion. Examination of the thoracic spine revealed a grade 2 tenderness to palpation over the paraspinals, with restricted range of motion. Lumbar spine revealed a grade 2 tenderness to palpation over the paraspinal muscles, with restricted range of motion. Straight leg raise test was positive bilaterally. Bilateral shoulders revealed a grade 2 tenderness to palpation with restricted range of motion. Impingement test was positive. Bilateral arms revealed a grade 2 tenderness to palpation, bilateral elbows revealed a 1 to 2 tenderness to palpation and bilateral forearms revealed a grade 1 to 2 tenderness to palpation. Bilaterally wrists, bilateral hands were graded 2 tenderness to palpation. There were no changes in the neurological examination. The injured worker reported that chiropractic therapy helped to decrease pain and tenderness. He indicated

that his function and activities of daily living have improved by 10%. The treatment plan was to continue chiropractic therapy and medications. Medications were cyclobenzaprine, 7.5 one twice a day, Motrin 400 mg 1 tablet twice a day as needed, Fluriflex cream apply think layer to affected area twice a day, TG Hot apply a thin layer to affected areas twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for Magnetic Resonance Imaging of the Lumbar Spine is not medically necessary. The American College of Occupational and Environmental Medicine (CA MTUS/ACOEM) state that lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). There were no unequivocal objective findings on the neurologic examination. There were no "red flag" indications present. There were no other significant factors provided to justify an MRI of the lumbar spine. Therefore, this request is not medically necessary.

Electromyography (EMG) of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for Electromyography (EMG) of the bilateral lower extremity is not medically necessary. The American College of Occupational and Environmental Medicine (CA MTUS/ACOEM) recommend electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms

lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms. The injured worker reported he had pain relief and functional improvement from acupuncture and physical therapy sessions. Neurologic exam was noted as no changes. There were no neurologic deficits reported and no "red flag" signs or symptoms reported. Therefore, this request is not medically necessary.

Nerve conduction velocity studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Nerve Conduction Studies

Decision rationale: The decision for Nerve Conduction Velocity Studies of the bilateral Lower Extremities is not medically necessary. The Official Disability Guidelines do not recommend. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There were no neurologic examination provided with deficits reported. There were no "red flag" signs or symptoms reported. There were no other significant factors provided to justify the medical necessity of a nerve conduction velocity study. Therefore, this request is not medically necessary.

Lumbar brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The decision for Lumbar Brace purchase is not medically necessary. The ACOEM/California MTUS Guidelines state, because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. There is no medical indication that a back brace would assist in the treatment for the injured worker. As such, the request is not medically necessary. The CA MTUS/ACOEM Guidelines indicate that

lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The medical guidelines do not support the use of back braces. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, Interferential Current Stimulation Page(s): 114-116, 121, 118.

Decision rationale: The decision for Interferential Unit is not medically necessary. California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. The medical guidelines do not support the use of interferential units. There were no significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Hot and cold unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Flow Cryotherapy, Knee, Durable Medical Equipment

Decision rationale: The decision for Hot and Cold Unit Purchase is not medically necessary. The Official Disability Guidelines recommend as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. The purchase for Hot and Cold Unit is

not supported by the medical guidelines. This request does not fit the criteria for durable medical equipment. There was no documentation detailing a clear indication for the medical necessity of this request. Therefore, this request is not medically necessary.

Physical therapy evaluation and treatment of the cervical spine, lumbar spine, bilateral shoulders, bilateral forearms, and bilateral wrists.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The decision for Physical therapy evaluation and treatment of the cervical spine, lumbar spine, bilateral shoulders, bilateral forearms, and bilateral wrists is not medically necessary. California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended for a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. Reasons why a home exercise program could not be continued for further gains were not reported. Therefore, the request is not medically necessary.

Flurflex 180mg every AM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Flurflex 180mg every AM is not medically necessary. The California Medical Treatment Utilization Schedule recommends clinicians to determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if

absolutely necessary. The efficacy of this medication was not reported. There was no objective functional improvement reported from the use of this medication. There were no reports of an increase in activities of daily living. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

TGhot 8% 180gm every PM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 82, 11.

Decision rationale: The decision for TGHot 8% every PM is not medically necessary. The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Salicylates are recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend Topical Salicylates. Compounded topical analgesics are not supported by the guidelines. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The decision for Tramadol 50mg is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The efficacy for this medication was not reported. There was a lack of documentation indicating objective functional improvement from the use of this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

