

<b>Case Number:</b>	CM14-0041321		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a 54-year-old with a 9/10/2013 date of injury. He was unloading a container and a stack of boxes collapsed landing on his back and head. He was thrown down and used his left arm to brace for impact. A progress report dated 3/28/14 noted subjective complaints of neck, arm and back pain. Objective findings included paraspinal tenderness of the cervical and thoracic spine. There was normal strength and sensation. It is noted that the patient has had 6 prior PT sessions with some benefit. Diagnostic Impression: neck sprain, thoracic sprain, upper arm pain Treatment to Date: physical therapy, medication management. A UR decision dated 3/21/14 modified the request for 8 physiotherapy sessions to 3 sessions. The patient has already received 6 sessions and has been provided a home exercise program. Guidelines recommend up to 9-10 visits over 8 weeks. It also denied nerve conduction velocity (NCV) of the bilateral upper extremities. There are no recent objective findings demonstrating a radiculopathy or neurologic involvement. It also denied electromyography (EMG) of the bilateral upper extremities. There are no recent objective findings demonstrating a radiculopathy or neurologic involvement. It also denied omeprazole 20 mg #30. It does not appear the patient is at intermediate or high risk for gastrointestinal events, or is suffering from dyspepsia. It also denied MRI of the cervical spine and thoracic spine. It does not appear there are definitive neurological findings that would warrant advanced imaging. The patient appears to be benefiting from physical therapy. It also denied xray of the skull. Guidelines state that skull xrays are recommended if CT scan is not available. It does not appear that CT is unavailable. It also denied prescription of cyclobenzaprine. It appears the patient has been using this medication since at least 11/7/2013. The guidelines limit the use of this medication for 2-3 weeks, making continued use on 1/17/2014 excessive.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 physiotherapy sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114; Official Disability Guidelines (ODG) neck chapter - physical therapy

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient has already completed 6 sessions of physical therapy with some improvement. ODG recommends up to 10 visits over 8 weeks for sprains/strains of the neck. It is unclear from the documentation why the patient would need an additional 8 sessions. Therefore, the request for 8 physiotherapy sessions was not medically necessary.

### **Nerve conduction and velocity (NCV) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Nerve Conduction Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no documentation of symptoms or signs consistent with neural compromise. There is no noted numbness or tingling. There are no abnormal motor or sensory abnormalities on exam. Therefore, the request for nerve conduction velocity (NCV) of the bilateral upper extremities was not medically necessary.

### **Electromyography (EMG) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Electromyography (EMGs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no documentation of symptoms or signs consistent with neural compromise. There is no noted numbness or tingling. There are no abnormal motor or sensory abnormalities on exam. Therefore, the request for electromyography (EMG) of the bilateral upper extremities was not medically necessary.

**Omeprazole 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (omeprazole)

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. It is apparent that the patient is on chronic NSAID therapy. The use of a PPI is indicated. Therefore, the request for omeprazole 20 mg #30 was medically necessary.

**1 MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter - MRI

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, from the documents provided for review, there are no such red flag conditions. There are no objective abnormalities on physical exam. There is no documented concern for tissue insult or neurological dysfunction. Furthermore it appears that

the patient has benefited from prior PT. Therefore, the request for MRI of the cervical spine was not medically necessary.

### **1 MRI of the thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

**Decision rationale:** CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. However, from the documents provided for review, there are no such red flag conditions. There are no objective abnormalities on physical exam. There is no documented concern for tissue insult or neurological dysfunction. Furthermore it appears that the patient has benefited from prior PT. Therefore, the request for MRI of the cervical spine was not medically necessary.

### **1 x-ray of the skull: 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), Head Chapter, X-Rays

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter - xrays

**Decision rationale:** CA MTUS does not address this issue. ODG states that skulls x-rays are recommended if CT scans are not available. CT scanning is preferred if fractures are suspected because the CT scan may identify clinically significant fracture as well as potentially co-existent contusion or hemorrhage. There is no documentation that CT scan is unavailable. This would be the imaging study of choice for suspected fracture or intracranial injury. Therefore, the request for x-ray of the skull was not medically necessary.

### **1 prescription of Cyclobenzaprine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41-42, 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, the patient is already on NSAIDs and is tolerating them without documented difficulty. Additionally, the patient is noted to have been on cyclobenzaprine for over a month. Further use could lead to dependence and there is no evidence of continued benefit from chronic use. Therefore, the request for 1 prescription of cyclobenzaprine was not medically necessary.