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| Case Number: | CM14-0061396 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 05/24/2010 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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 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 52-year-old female with date of injury 05/24/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/04/2014, lists subjective complaints as pain and discomfort in the cervical spine. Objective findings were muscle strength of the right knee was graded at 4/5; hypoesthesia noted over the L4-L5 dermatomes on the left; and MRI scans of both knees dated 02/24/2011. Diagnosis included chronic sprain of the cervical spine; minor disc bulge, C4-5; 3mm, C5-6; 2.5mm; overuse syndrome, both upper extremities and bilateral shoulder strain/sprain; chronic strain, thoracolumbar spine; irritable bowel syndrome; status post right carpal tunnel release; chronic contusion/sprain, bilateral knees; internal derangement, both knees; status post bilateral knee arthroscopies; status post total knee replacement left; and ruptured Achilles' tendon, left ankle, in childhood. Patient is status right knee arthroscopies 2001 and 05/04/2011 and status post total knee replacement 03/19/2012. X-ray of the cervical spine showed disc space narrowing at C6-7 with no evidence of foraminal encroachment on the oblique views. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medications include Zanaflex 4mg, #30 as prescribed (SIG): 1 two times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time, at least as far back as 3 months. Therefore the request is not medically necessary.

Urine drug test at next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Therefore, the urine drug screen is not medically necessary.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain/htm>.

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

Decision rationale: According to the Official Disability Guidelines, in-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not medically necessary.

Physical therapy for 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active Therapy Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement during the previous courses of physical therapy though been authorized for the patient.

Ergonomic chair: 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 ADA.gov homepage, Americans with Disabilities Act (ADA), 2010 ADA Standards.

Decision rationale: "The employers (or insurer's) willingness and ability to eliminate obstacles, and arrange an appropriate on-the-job recovery, based on the provider's work prescription, will determine the date when the employee actually gets back to work. Additionally, employers consistently monitor and evaluate the progress of return-to-work programs in order to identify opportunities for improvement." The employer is under no obligation to provide equipment that is not medically necessary simply to increase the employee's comfort. If, however, the employee has permanent impairment, which qualifies as a disability under the Americans with Disabilities Act of 1990, the ADA requires employers to provide necessary reasonable accommodations for qualified individuals with disabilities. This typically requires the employee to provide documentation from the treating physician that: (1) describes the nature, severity, and duration of the employee's impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits the employee's ability to perform the activity or activities; and (2) substantiates why the accommodation is needed, in this case an ergonomic chair. Documentation present in the medical record currently does not substantiate the provision of an ergonomic chair.

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 independent MEDICAL EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request.

Functional capacity assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if, the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. In addition, the patient is scheduled for knee surgery. A functional capacity evaluation is not medically necessary.

Re-evaluation in one month.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 independent MEDICAL EXAMINATIONS AND CONSULTATIONS.

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

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical time-frame for follow-up visits in a chronic injury is 3-6 months. Therefore the request is not medically necessary.