

Case Number:	CM14-0064148		
Date Assigned:	08/08/2014	Date of Injury:	08/04/2013
Decision Date:	09/11/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on August 4, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 12, 2014, indicated that there were ongoing complaints of neck, mid back, low back and bilateral shoulders pain. Also noted were bilateral elbows, bilateral knees and bilateral feet pain. The pain levels were noted to be 8/10 and are unchanged from the previous visit. The physical examination demonstrated tenderness to palpation in the cervical, thoracic and lumbar spine. There was also tenderness to the bilateral shoulders, bilateral ankles, bilateral elbows, bilateral forearms, and bilateral lower extremities. This provider indicated that the patient stated the "treatment helped." Diagnostic imaging studies were not presented. Previous treatment included multiple medications, chiropractic care, and physical therapy. A request had been made for multiple physical therapy requests and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy Cervical Spine 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The ACOEM guidelines indicate that 1 or 2 visits of physical therapy to establish a home exercise protocol is all that would be necessary. When considering the date of injury, the injury sustained, the limited physical examination presented for review, there is no clinical indication that additional physical therapy is warranted in this case. The medical necessity has not been established.

Physical therapy Thoracic Spine 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The ACOEM guidelines indicate that 1 or 2 visits of physical therapy to establish a home exercise protocol is all that would be necessary. When considering the date of injury, the injury sustained, the limited physical examination presented for review, there is no clinical indication that additional physical therapy is warranted in this case. The medical necessity has not been established.

Physical therapy Lumbar Spine 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: As outlined in the ACM guidelines, physical therapy of 1 or 2 visits for education, counseling and evaluation for home therapy program are all that would be supported. Therefore, when noting the date of injury, the injury sustained, the current physical examination reported, there is clearly no clinical data to support the medical necessity of continuing formal physical therapy at this time.

Physical therapy Bilateral Upper extremities 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: As outlined in the ACM guidelines, a limited protocol for home exercise is supported. There is some qualitative evidence to support manual physical therapy; however, when noting the physical examination reported and the current diagnosis offered, there is insufficient clinical data to suggest the need for formal physical therapy for the bilateral upper extremities. As such, this is not medically necessary.

Physical therapy Bilateral Knees 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

Decision rationale: When noting the date of injury, the injury sustained, the diagnosis offered and the current physical examination, there is no indication of any intra-articular pathology that would be amenable to physical therapy. There is no loss of range of motion noted. As such, when noting the parameters outlined in the ACM, a home exercise protocol is although be supported. As such, there is no clinical indication for, or medical necessity established for this request.

Acupuncture Bilateral Shoulders 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009 Page(s): 13.

Decision rationale: As noted in the MTUS, acupuncture is an option when pain medication is reduced or not tolerated. Furthermore, this intervention is limited to several sessions to establish the efficacy, and this is well beyond the parameters. Therefore, based on the data presented, this is not medically necessary.

Acupuncture Bilateral Knees 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 13.

Decision rationale: As noted in the MTUS, acupuncture is an option when pain medication is reduced or not tolerated. Furthermore, this intervention is limited to several sessions to establish the efficacy and this is well beyond the parameters. Therefore, based on the data presented, this is not medically necessary.

Fluriflex 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 112.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental," and "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

GCT 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of gabapentin to other agents. Therefore, this request is not considered medically necessary and is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Muscle Relaxants Page(s): 41-42, 64.

Decision rationale: This medication is recommended as an option, using a short course of therapy for acute flares of pain. The long-term or indefinite use of this medication is not recommended and the literature does not support it. Therefore, when noting the diagnosis offered, and the physical examination reported, and by the date of injury and the parameters noted in the MTUS, this request is not medically necessary.

Extracorporeal Shockwave therapy to the Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter - ESWT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, updated July 29, 2014.

Decision rationale: It is noted that the MTUS and the ACM guidelines do not address this topic. The parameters noted in the ODG were applied. The ODG does support this if there is a diagnosis of calcifying tendinitis. This diagnosis is not offered as healing shoulder. Diagnosis reported is a sprain/strain. Therefore, based on the physical examination reported and by the diagnosis reported and the parameters noted in the ODG, there is no medical necessity for this procedure.

Consultation with a Pain Management Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

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): Independent medical examinations, chapter 7, page 127.

Decision rationale: As outlined in the ACM guidelines, consultation to other specialists are warranted when the diagnosis is uncertain or extremely complex. The diagnosis offered was a sprain/strain of multiple joints of the body. There was no complex nature to these diagnoses. Furthermore, when noting the physical examination reported, it is clear that this is a very superficial and relatively easy to manage clinical situation. As such, based on the data presented, there is no clinical indication or medical necessity established for this request.

Low Intensity Neurostimulation Therapy (LINT) to the Lumbar Spine: 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 (Effective July 18, 2009) Page(s): 121.

Decision rationale: This particular device is not addressed in the MTUS or ACOEM and however there is a very similar neuromuscular electrical stimulation device that is addressed. That device is not recommended. Therefore, LINT is not medically necessary based on the physical examination findings reported and the reported mechanism of injury.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Drug screening.

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): Criteria for use of opioids, chapter 4, page 78.

Decision rationale: When noting the date of injury, the injury sustained, the findings on physical examination, the medication protocols being employed and given that there is no narrative presented indicating intoxication, inappropriate use, abuse potential, illicit drug use, drug diversions or other parameters that would support the need for such an evaluation, there is insufficient clinical evidence presented to establish the medical necessity for this request.