

Case Number:	CM14-0068278		
Date Assigned:	08/08/2014	Date of Injury:	02/27/2014
Decision Date:	10/02/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 male was reportedly injured on February 27, 2014. The mechanism of injury was noted as a gradual onset of multiple symptoms. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of low back pain. An electrodiagnostic assessment was completed and there was no evidence of polyneuropathy or radiculopathy. A functional capacity evaluation was completed on April 23, 2014. A previous assessment completed in March 2014, noted the physical examination to demonstrate a psoriatic rash on both elbows, tenderness to palpation over the thoracic and lumbar spine, and a decreased range of motion in both regions with tenderness to palpation. Diagnostic imaging studies were not reported. Previous treatment included medications and conservative interventions. A request was made for multiple radiographs, laboratory studies, functional capacity evaluation, internal medicine consultation, a lumbar brace and multiple medications and was not certified in the preauthorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Cervical and Thoracic Spine Disorders: Clinical Measures; Diagnostic Investigations, (Electronically Cited)

Decision rationale: When noting the reported date of injury, the reported mechanism of injury, the physical examination findings noted in March, 2014 as well as electrodiagnostic findings, there is no clinical indication of any acute osseous abnormality or nerve root compromise. There are no appropriate red flags to suggest that this intervention is required. Given the lack of clinical documentation, the medical necessity has not been established.

X-ray of the Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Cervical and Thoracic Spine Disorders: Clinical Measures; Diagnostic Investigations, (Electronically Cited).

Decision rationale: When noting the reported date of injury, the reported mechanism of injury, the physical examination findings noted in March, 2014 as well as electrodiagnostic findings, there is no clinical indication of any acute osseous abnormality or nerve root compromise. There are no appropriate red flags to suggest that this intervention is required. Given the lack of clinical documentation, the medical necessity has not been established.

X-ray of the Lumbar Spine (Flexion and Extension): 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 ACOEM Practice Guidelines Low Back Disorders: Clinical Measures; Diagnostic Investigations (Electronically Cited).

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, plain films are recommended for acute low back pain with red flags for fracture or serious systemic illness. When understanding the reported mechanism of injury and by the limited findings noted on physical examination, there are no red flags presented to support the need for plain radiographs. As such, the request is not medically necessary.

X-rays of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: When noting the date of injury, and that there is a painful range of motion, and the only finding on physical examination, there is insufficient clinical information presented to establish any appropriate clinical reason for plain films. As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, attending x-rays for individuals with chronic progressive or shoulder pain may be reasonable, but there needs to be inappropriate clinical assessment to support this investigation. As such, the request is not medically necessary.

X-rays of the bilateral ankles/foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: When noting the reported onset of the complaints, and the markedly limited physical examination, there are no appropriate studies or assessments completed to establish the medical necessity of obtaining such films. There are no indicators of acute osseous abnormalities. As such, the request is not medically necessary.

X-rays of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, use of x-rays is not recommended for routine evaluation for the forearm, wrist and hand disorders. The physical examination notes more function of equal bilaterally, and there is no clinical data reported to suggest the need for such examination. As such, the request is not medically necessary.

Complete blood count, comprehensive metabolic panel, A1C: Upheld

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

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

Decision rationale: The parameters noted in the Official Disability Guidelines (ODG) were employed. There are no medications being used that would require assessment of internal organ function. The progress notes do not offer any clinical indication for the studies. As such, there is insufficient clinical information presented to establish the medical necessity of this testing. Therefore, the request is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The only noted medications are topical preparations. There are no indicators of drug diversions, illicit drug use, addiction, intoxication or any other parameter whereby an assessment of urine drug screening and compliance are necessary. Therefore, based on the limited clinical information visit for review, this is not medically necessary.

Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Independent Medical Examinations and Consultations: Referral Issues Chronic Pain Chapter, page 49.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine (ACOEM) practice guidelines, there is support for functional capacity evaluations where necessary to translate medical evidence of functional limitations in order to determine work capability. However, when noting the onset of the complaints, and that there are no objective findings identified on physical examination, the diagnosis has not been established. As such, functional limitations and a discussion thereof would be premature at best. There is simply no medical necessity established for this procedure at this time.

Internal medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: When noting the insidious onset of the symptomology and given that there was no single acute traumatic event, and that no specific diagnosis has been objectified either by physical examination or diagnostic studies, there is no clinical indication presented for the need for a medical consultation. While noting that this is a 55 year old gentleman who has multiple very complaints, there is no evidence presented to suggest the need of internal medicine consultation. This is simply not medically necessary at this time.

Lumbar brace: 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.

Decision rationale: With the understanding that there were low back pain complaints, the American College of Occupational and Environmental Medicine (ACOEM) Treatment Guidelines do not support the use of any type of support device unless the situation is postoperative, and/or there is objective occasion of a spondylolisthesis or documented instability. Seeing none, there is insufficient clinical evidence presented to support this request. As such, the request is not medically necessary.

Cyclobenzaprine (7.5mg, #90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), there is support for this type of preparation for the short term treatment of muscle spasm. The physical examination reported a obese individual (5'5", 200 pounds) who has tenderness to palpation of the lumbar spine without evidence of muscle spasm. As such, there is no clinical indication for this muscle relaxant type medication. Therefore, the request is not medically necessary.

Compound Medication (containing: flurbiprofen (20%), tramadol (20%) and cyclobenzaprine (4%), 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), topical analgesics are largely experimental and that any compound that contains at least one drug (or

drug class), that is not recommended, is not recommended. In this case, there is no clinical indication for a topical muscle relaxant (Cyclobenzaprine). As such, the entire preparation therefore is not clinically indicated. Therefore, the request is not medically necessary.

Compound Medication (containing: gabapentin (10%), amitriptyline (10%), and dextromethorphan (10%), 210gm): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), topical analgesics are largely experimental and that any compound that contains at least one drug (or drug class), that is not recommended, is not recommended. In this case, there is no clinical indication for a topical muscle relaxant (cyclobenzaprine). As such, the entire preparation therefore is not clinically indicated. Therefore, the request is not medically necessary.