

<b>Case Number:</b>	CM14-0078151		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 with a reported date of injury of 05/17/2011. The patient has the diagnoses of low back pain with a 2-mm disc protrusion at L4-5 from MRI date 09/23/2011, neck pain with an MRI dated 10/10/2011 showing multilevel degenerative disc disease, left shoulder pain with MRI dated 10/10/2011 showing partial tear, status post shoulder surgery on 11/05/2012, status post bilateral cubital tunnel release, left third digit trigger ginger release and bilateral carpal tunnel syndrome per electromyography (EMG). Per the requesting physician's progress note dated 03/13/2014, the patient has persistent neck, thoracic and low back pain. The pain radiates to the bilateral upper extremities. The patient also has shoulder pain. The pain also radiates down the right lower extremity. The physical exam noted tenderness to the cervical, thoracic and lumbar paraspinal muscles. There is decreased range of motion in all planes secondary to pain. The left shoulder was tender throughout with decreased range of motion. Treatment plan recommendations included continued medications, home exercise, updated lumbar MRI, updated thoracic MRI, total body scan and bilateral hip x-rays. A QME report dated 10/18/2013 recommended a full work-up with all the post-operative changes that occurred.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of the lumbar spine qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back / Pain Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** The ACOEM chapter on low back complaints and imaging studies states: "Table 12-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great." Per the ACOEM, imaging studies are indicated in the presence of red flag symptoms, when suspected cauda equina syndrome, tumor or fracture are strongly suspected or when surgery is being considered. There is no documentation of any of these criteria and no sudden change in the patient's physical exam. Therefore, the request is not medically necessary and appropriate.

**MRI scan of the thoracic spine qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back / Pain Section

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints states the following concerning imaging studies: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Criteria for ordering imaging studies are: - Emergence of a red flag- 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. Per the documentation, the request is based on a QME recommendation. However, the documentation does not show any red flag symptoms, evidence of tissue insult or new neurologic dysfunction or planned surgery. Therefore, criteria for imaging per the ACOEM have not been met and the request is not medically necessary and appropriate.

**Total Body Scan qty 1: 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 Mayo clinic online

**Decision rationale:** Per the Mayo Clinic, at this time the FDA knows of no data demonstrating that whole body scanning/screening is effective in detecting any particular disease early enough for the disease to be managed, treated, or cured and advantageously spare a person at least some of the detriment associated with serious illness or premature death. Per the American College of Radiology, insufficient evidence exists to recommend scans for those with no symptoms or family history suggesting disease. The one exception may be for lung cancer in patients at high risk. There is no documentation of lung cancer risk in this patient. Therefore, the request is not medically necessary.

**X-rays of the bilateral hips qty 2:** 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) web Hip & Pelvis X-ray

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis X-rays

**Decision rationale:** The California MTUS and the ACOEM do not specifically address hip x-rays. Per the ODG, hip x-rays are indicated in patients who have sustained a pelvic injury, who are at high risk of the development of hip osteoarthritis and are with suspected hip fractures. The documentation does not mention any hip complaints. Therefore criteria for imaging have not been met and the request is not medically necessary.

**Zanaflex 4 mg #120 (dispensed):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic Drugs Pa.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines section on muscle relaxants states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit

beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Tizanidine (Zanaflex, generic available) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. "This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.