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| Case Number: | CM14-0078513 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 11/27/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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 & 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:

The injured worker is a 62-year-old male who reported injury on 11/27/2013. The mechanism of injury was a fall. The prior treatments included physical therapy. The prior diagnostic studies included a cervical MRI. The documentation on 04/15/2014 revealed the injured worker had cervical pain, lumbar pain, and headaches. The physical examination revealed the injured worker had guarded movements with limited mobility, a slow gait, and stiff movements. The injured worker had moderate tenderness over the left occipital groove. The injured worker's head was noted to be held in a forward position and was movement restricted in all directions. The injured worker had generalized tenderness in the lumbar area and marked tenderness of the left SI joint. The injured worker had left paraspinal and left upper trapezius muscle spasms with a positive twitch response and trigger points. The injured worker was Romberg positive. The diagnoses included imbalance, rule out vestibular dysfunction, history of head injury/concussion, neck pain, myofascial pain with trigger points, and rule out sacroiliitis, cervical DJD, and lumbar strain. The treatment plan included Naproxen, Protonix, Neurontin, ultrasound guided trigger point injections in the left cervical spine and trapezius, ultrasound left SI joint with possible injection, and balance therapy assessment. Additionally, there was a request for a diagnostic MRI of the cervical spine. The original date of request for the cervical spine MRI could not be ascertained. However, the documentation of 05/15/2014 revealed they were appealing the denial for the MRI of the cervical spine. There was a Request for Authorization for the Voltaren, Neurontin, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Balance therapy: Upheld

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

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, Vestibular PT rehabilitation.

Decision rationale: The Official Disability Guidelines (ODG) indicates vestibular physical therapy rehabilitation is recommended for injured workers with vestibular complaints such as moderate traumatic brain injury and concussion. The clinical documentation submitted for review indicated the physician opined the injured worker had imbalance and the injured worker had a positive Romberg's test. This request would be supported. However, the request as submitted failed to indicate the quantity of balance therapy sessions being requested. Given the above, the request for balance therapy is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - neck and upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter =, Magnetic Resonance Imaging (MRI).

Decision rationale: The Official Disability Guidelines (ODG) indicates that repeat MRIs are not recommended routinely. They are recommended when there is a significant change in the objective findings and/or subjective complaints. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI of the cervical spine. There was a lack of documentation indicating a significant change in objective or subjective findings. Given the above, the request for MRI of the cervical spine is not medically necessary.

Ultrasound- guided trigger point injections for the cervical spine and trapezius: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121,122.

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3

months; medical management therapies, such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; and radiculopathy is not present (by exam, imaging, or neuro-testing). There was a lack of documentation indicating the injured worker met the above criteria. There was documentation of a twitch response; however, there was a lack of documentation of referred pain. There was a lack of documentation indicating the injured worker had symptoms persisting for more than 3 months and that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants had failed to control pain. There was a lack of documentation indicating myotomal and dermatomal findings. The request as submitted failed to indicate the quantity of injections being requested. Given the above, the request for ultrasound guided trigger point injections for the cervical spine and trapezius is not medically necessary.

Ultrasound (left) sacroiliac joint with possible injections: 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) Hip & Pelvis Chapter Sacroiliac joint blocks, Ultrasound.

Decision rationale: The Official Disability Guidelines (ODG) recommend diagnostic ultrasound is indicated when there is scar tissue, adhesions, collagen fiber, and muscle spasms and there is a need to extend the tissue or accelerate soft tissue healing. There was a lack of documented rationale for the use of ultrasound. The Official Disability Guidelines (ODG) recommends sacroiliac joint blocks when the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings including the Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and Thigh Thrust Test (POSH). The diagnostic evaluation must first address any other possible pain generators and there should be documentation that the patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise and medication management. Blocks are performed under fluoroscopy. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, the request for ultrasound left sacroiliac joints with possible injections is not medically necessary.

Voltaren 100mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for the short term symptomatic treatment of acute pain. The clinical documentation submitted for review failed to provide the duration of use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented objective functional improvement and an objective decrease in pain. Given the above, the request for Voltaren 100 mg #60 is not medically necessary.

Protonix 20mg. Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. There should be documentation of efficacy for the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20 mg #60 is not medically necessary.