

<b>Case Number:</b>	CM14-0086486		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic low back, knee, and wrist pain reportedly associated with an industrial injury of June 7, 2012. Thus far, she has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and a knee brace. In a Utilization Review Report dated May 9, 2014, the claims administrator approved a request for knee MRI, denied a request for cervical MRI, and denied a multimodality transcutaneous electrotherapy device, approved a request for Tylenol No.3, and denied a request for Fexmid. The patient's attorney subsequently appealed. In an appeal letter dated June 16, 2014, the attending provider appealed the denial, citing a variety of MTUS and non-MTUS references, including non-MTUS-ODG guidelines and non-MTUS Third Edition ACOEM guidelines. In a progress report dated June 12, 2014, the patient was described as off of work, on total temporary disability. The attending provider insisted that the patient had never been declared permanent and stationary. A rather proscriptive 10-pound lifting limitation remained in place. Her medication list was not clearly outlined. The note was handwritten, difficult to follow, and employed preprinted checkboxes as opposed to furnishing much in the way of narrative commentary. On June 5, 2014, the patient was again described as not working. Somewhat incongruously, the attending provider nevertheless ordered an ergonomic evaluation and asked the patient to obtain an MRI of the cervical spine and right knee. Tylenol No.3 and Norflex were apparently endorsed on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI-Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the California MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no evidence that the patient is actively considering or contemplating any kind of surgical procedure involving the cervical spine. There is no clear evidence of nerve root compromise associated with a cervical spine, either historically or on exam. The attending provider's handwritten progress notes do not outline any clearly voiced suspicion of neurologic compromise associated with a cervical spine and/or upper extremities. Therefore, the request is not medically necessary.

**Orthostim 4:** 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 Galvanic Stimulation topic.Neuromuscular Electrical Stimulation topic.Product description Page(s): 117 121.

**Decision rationale:** Per the product description, the OrthoStim4 is a multimodality transcutaneous electrotherapy device which includes four different electrical stimulation modalities, namely high voltage current stimulation, neuromuscular electrical stimulation, and interferential stimulation. The high voltage stimulation represents a form of galvanic stimulation, which, per page 117 of the MTUS Chronic Pain Medical Treatment Guidelines is "not recommended" and considering investigation for all purposes. Similarly, neuromuscular electrical stimulation, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is likewise not recommended in the chronic pain context present here and should be reserved for the post stroke rehabilitated context, it is further suggested. In this case, there is no evidence that the patient had a stroke. Since one or more modalities in the device are not recommended, the entire device is not recommended. Therefore, the request for an Orthostim 4 is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other medications is not recommended. In this case, the patient is using a variety of other medications, including Tylenol No.3, an opioid. Adding Fexmid or Cyclobenzaprine to the mix is not recommended. Therefore, the request for Fexmid 7.5mg #60 is not medically necessary.