MAXIMUS Federal Services

Case Number:	CM14-0099244		
Date Assigned:	08/08/2014	Date of Injury:	02/11/2014
Decision Date:	09/12/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female with a reported date of injury on 02/11/2014. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain, right elbow pain and sprain/strain, right wrist sprain/strain, bilateral knee pain, and chest pain. Her previous treatments were noted to include physical therapy and medications. The progress note dated 05/09/2014 revealed the injured worker complained of occasional chest pain with cervical/lumbar/bilateral shoulders/right elbow/right wrist pain rated 8/10 and bilateral knee pain rated 7/10. The physical examination revealed decreased range of motion and a positive Neer's and Hawkin's to the bilateral shoulders. The provider indicated there was an increase to the range of motion to the cervical and lumbar spine. The Request for Authorization form dated 05/05/2014 was for infrared massage, myofascial release, iontophoresis, electrical stimulation and dexamethasone sodium phosphate (4 mg/ml) 2 to 3 times a week for 4 weeks, and an MRI to the bilateral shoulders and bilateral knees for joint pain. The Request for Authorization form for Menthoderm (Salicylate 15%, Menthol 10%) 360 mg, MRI to the lumbar spine, MRI to the cervical spine, electromyogram (EMG) and nerve conduction studies (NCV) and somatosensory to the upper extremities, and internal medicine referral for pulmonary and respiratory complaints and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine referral for pulmonary and respiratory complaints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Evaluation & Management, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The documentation provided indicated an internal medicine referral was previously approved. The California MTUS/ACOEM Guidelines state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The injured worker received previous authorization for an internal medicine consult and there is a lack of documentation regarding visits with that physician. Additionally, a repeat consult is not warranted. Therefore, the request is not medically necessary.

Infrared massage, myofascial release, iontophoresis, electrodes stimulation and dexamethasone sodium phosphate (4mg/ml) two to three times a week for four weeks (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Low Back ,Neck upper & back chapter, Treatment Workers Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Iontophoresis, Neck, Iontophoresis.

Decision rationale: The injured worker complains of neck, bilateral shoulder, lumbar, and bilateral knee pain. The California Chronic Pain Medical Treatment Guidelines state passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. The Official Disability Guidelines do not recommend iontophoresis for either low back or upper back. Iontophoresis is the use of electromagnetic force to enhance percutaneous absorption of a drug or chemical, such

as dexamethasone, to a relatively shallow depth. The guidelines do not recommend iontophoresis. The current evidence on galvanic current, iontophoresis, TENS, EMS, PEMF, and permanent magnets is lacking, limited, or conflicting. There is very low quality evidence that iontophoresis is not more effective than placebo. Iontophoresis did not reduce pain or disability. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The iontophoresis request is not recommended by the guidelines and the request for 12 sessions exceeds guideline recommendations. Additionally, the guidelines prefer active therapy to passive modalities such as infrared massage and myofascial release. Therefore, the request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker complains of low back pain rated 8/10. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging test to define a potential cause such as an MRI for neurological deficits. The guidelines recommend an MRI to identify and define a disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome in the low back. There is a lack of documentation regarding failure of conservative treatment or previous lumbar x-rays to warrant an MRI of the lumbar spine. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

MRI of the Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The injured worker complains of bilateral shoulder pain. The California MTUS/ACOEM Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The exceptions include stress films of the acromioclavicular joints may be indicated if the clinical diagnosis is acromioclavicular joint separation. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression syndrome, may indicate the need for an anterior posterior cervical spine radiograph to identify a cervical rip. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult, or neurovascular dysfunction. Failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The guidelines state an MRI can be used to identify and define a rotator cuff tear, recurrent dislocation, tumor, and infection. There is a lack of documentation to warrant an MRI of the bilateral shoulders. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a particular dermatomal distribution. There is a lack of documentation regarding previous radiographs or failure of conservative treatment. Therefore, the request is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Chronic Neck Pain (Neck & upper Back Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker complains of neck pain. The California MTUS/ACOEM Guidelines 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, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps including the selection of an imaging test to define potential cause such as an MRI for neurological deficits. The recent evidence indicates cervical and disc annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporarily or anatomically with symptoms. The guidelines state an MRI can be used to identify and define anatomic defects. There is a lack of documentation regarding previous radiographs or failure of conservative treatment prior to requesting the MRI. Additionally, there is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.

MRI of the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The injured worker complains of bilateral knee pain. The California MTUS/ACOEM Guidelines state following a knee trauma if the patient is able to walk without a limp or had a twisting injury and there is no effusion, not to order a radiograph. The guidelines state an MRI can be used to identify and define a meniscus tear, ligament strain, ligament tear, patella foraminal syndrome, tendonitis, or prepatellar bursitis. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Experienced examiners usually can diagnosis an anterior cruciate ligament tear in the non-acute stage based on history and physical examination. These injuries are commonly missed or over diagnosed by inexperienced examiners, making an MRI invaluable in such cases. There is a lack of documentation regarding previous radiographs or conservative treatment to the bilateral knees to necessitate an MRI. Therefore, the request is not medically necessary.

Electromyogram (EMG) and Nerve Conduction Studies (NCV) and Somatosensory upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker complains of neck pain. The California MTUS/ACOEM Guidelines state electromyography and nerve conduction velocities, including H reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 4 weeks. This assessment may include sensory evoked potentials if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps including a selection of imaging test to define a potential cause. The guidelines state electromyography/sensory evoked potentials can be used to identify physiologic insult and anatomic defect. There is a lack of documentation regarding previous imaging studies or failure of conservative treatment to warrant an electromyography, nerve conduction study, or somatosensory. There is a lack of documentation showing clinical findings consistent with findings of radiculopathy. Therefore, the request is not medically necessary.

Menthoderm (Salicylate 15%, Menthol 10%) 360mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical, Topical Analgesics Page(s): 105, 111.

Decision rationale: The injured worker complains of neck, bilateral shoulder, bilateral knee, and lumbar spine pain. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state topical Salicylate is significantly better than placebo in chronic pain and is recommended. There is a lack of documentation regarding the injured worker's intolerance or inability to oral medications. Additionally, the request failed to provide the frequency as to which this medication is to be utilized. Therefore, the request is not medically necessary.