

Case Number:	CM14-0176554		
Date Assigned:	10/29/2014	Date of Injury:	06/11/2012
Decision Date:	01/15/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

This 51 year old male was injury on 6/11/12 when a sandbag rolled over and fell onto him while he was driving an ATV at which point he fell off the vehicle, struck his head on asphalt, and lost consciousness. He sustained injuries to his low back, left shoulder, and neck. He had conservative treatment including medications, physical therapy, and injections. On 2/14/13 he underwent L4-5 and L5-S1 posterior lumbar interbody fusion and injections. On 6/13/14 he had his first post operative visit for left rotator cuff surgery. The injured worker was doing well with no surgical complications. His treatment included abdominal sling, to start physical therapy. His work status was no activity. His diagnoses included left partial rotator cuff tear, left cervical radiculopathy, and left nerve brachial plexus along thoracic nerve. On 8/19/14 documentation indicates that the injured worker was reliant on analgesic medications around the clock and they were not helping. He asked for a stronger medication until he received an epidural steroid injection. The impression at that time was lumbar post laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, disorders of the bursae and tendons in the shoulder region and cervicalgia. On 8/22/14 physical therapy was held because the injured workers dog slept on his affected arm causing pain. Despite the pain the physical exam was very good. On 9/23/14 the injured worker was given a cervical epidural steroid injection without complications and an estimated 25% relief of symptoms. As of 9/24/14 the injured worker complained of headache, neck pain, low back and left shoulder pain. The pain is sharp and shooting with radiation to upper back and is associated with muscle spasms, numbness, and tingling. The injured worker rates his pain as 5/10 with medications. The injured worker is having difficulty staying asleep with poor sleep quality. He also complains of depression, irritability, fatigue, and decreased energy. On physical examination his motor and sensory exam are unremarkable. He has decreased cervical range of motion. The diagnoses as of 9/24/14

include postlaminectomy syndrome, cervicalgia, and rotator cuff disorders. Medications include Flexeril, Morphine, Oxycodone-Acetaminophen, and Protonix. The injured worker was taken off Tramadol and Norco and 8 sessions of acupuncture was requested. The documentation up to 10/8/14 (date of UR determination) does not indicate a work status change from 6/13/14. On 10/8/14 Utilization Review non-certified the following requested treatments. The request for 1 MRI of the cervical spine is non-certified based on no finding of red flag conditions or neurological dysfunction that would warrant a cervical MRI, resulting in the absence of findings for medical necessity per ACOEM guidelines. The request for 1 electromyography (EMG) is noncertified based (per ACOEM Guidelines for EMG) on the lack of clinical evidence of radiculopathy for necessity of EMG for the upper extremities as evidenced by normal sensation and motor findings. The request for 8 acupuncture sessions (Acupuncture Medical Treatment Guidelines referenced) for the lumbar spine based on a duplicate request and the authorization of 6 sessions of acupuncture is still valid. The prescription for Flexeril 10 mg #30 is noncertified based on California Chronic Pain Medical Treatment Guidelines recommendation for short-term treatment of muscle spasms (no longer than 2-3 weeks). The injured worker has been on Flexeril since 8/22/14 and continued with muscle spasms. Based on lack of benefit and longevity of use the request is non-certified. The request for one prescription of Oxycodone-Acetaminophen 10/325 mg #88 is non-certified (California Chronic Pain Medical Treatment Guidelines were referenced) based on lack of overall improvement of function and lack of pain reduction. The request for one prescription of Protonix (California Chronic Pain Medical Treatment Guidelines referenced) was non-certified based on no documentation that the injured worker was on nonsteroidal anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 192.

Decision rationale: ACOEM Guidelines, Chapter 8, Neck, page 192, recommends MRI imaging of the cervical spine to validate nerve root compromise based on clear history and physical exam findings. This patient does not clearly have documented neurological deficits to support a rationale or indication for an MRI of the cervical spine. The request is not supported by the guidelines. This request is not medically necessary.

EMG of the bilateral upper extremities.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM Guidelines, Chapter 8, Neck, page 178 recommends electrodiagnostic studies to help identify subtle focal neurological dysfunction especially with neck or arm syndromes or both lasting more than 3 or 4 weeks. Initial physician review recommended non-certification of electrodiagnostic studies based on the absence of abnormal neurological findings. Overall, the guidelines in general support imaging studies when there is clear evidence of neurologic dysfunction but do support electrodiagnostic studies when there are neurological symptoms such as numbness without specific neurological findings on exam. This request is medically necessary.

8 Acupuncture sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1 recommends up to 6 treatments to produce functional improvement from acupuncture. Therefore, this request exceeds these guidelines. Moreover, this patient has previously been approved for acupuncture, and this appears to be a duplicate request or alternatively the records do not clearly provide documentation of functional improvement from past acupuncture to support additional treatment. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants recommends Cyclobenzaprine for a short course of therapy and not for chronic use. The medical records indicate this patient previously has been treated with Cyclobenzaprine. The records do not clearly provide a rationale or basis for ongoing use of this medication, particularly in a chronic setting. This request is not medically necessary.

Percocet 10/325mg #88: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen.

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

Decision rationale: The California Medical Treatment Utilization Schedule section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management in detail. The medical records do not clearly indicate functional goals or functional benefit from opioids to support continued use of Percocet in this chronic setting. This request is not medically necessary.

Protonix 80mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories and GI Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommends that gastrointestinal prophylaxis may be indicated if there are specific risk factors documented requiring gastrointestinal prophylaxis. Such risk factors are not documented at this time. The rationale for this indication is not apparent in the records and guidelines. Overall, this request is not medically necessary.