

Case Number:	CM14-0190787		
Date Assigned:	11/24/2014	Date of Injury:	10/15/2013
Decision Date:	04/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who reported an injury on 10/15/2013. The mechanism of injury involved cumulative trauma. The injured worker is currently diagnosed with neck sprain. The latest clinical note submitted for this review is documented on 11/03/2014. There was no physical examination provided for review. It was noted that the injured worker reported similar symptoms of pain and spasm. Recommendations included therapeutic exercise, paraffin bath, massage, and electrical stimulation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a recent Physician's Progress Report. There is no evidence of a recent physical examination of the cervical spine. There is no evidence of any red flags for serious pathology. Additionally, there is no documentation of a failure of conservative treatment. Given the above, the request is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In this case, there was no documentation of a recent physical examination of the lumbar spine. The medical necessity has not been established in this case. There is also no mention of a recent attempt of an exhaustion of conservative treatment. As such, the request is not medically necessary.

EMG/NCV bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or low back symptoms lasting more than 3 or 4 weeks. There was no documentation of a recent physical examination of the cervical spine and lumbar spine or the bilateral upper extremities and bilateral lower extremities. There is no evidence of a significant musculoskeletal or neurological deficit. There is also no mention of a failure to respond to conservative treatment. Given the above, the request is not medically appropriate.

Extracorporeal shock wave therapy (ESWT) bilateral feet: 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), Ankle/foot chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: California MTUS/ACOEM Practice Guidelines state limited evidence exists regarding extracorporeal shockwave therapy in treating plantar fasciitis to reduce pain and improve function. In this case, the injured worker does not maintain a diagnosis of plantar fasciitis. There is no documentation of a recent physical examination. The medical necessity has not been established in this case. There is also no specific quantity listed. As such, the request is not medically appropriate.

12 visits physical therapy for cervical, thoracic, lumbar, bilateral upper extremities, bilateral knees, bilateral ankles/feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no recent physical examination provided. Additionally, it is noted that the injured worker has participated in physical therapy. There is no documentation of significant functional improvement. Additional treatment would not be supported. As such, the request is not medically appropriate.

Fluriflex 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the request. As such, the request is not medically appropriate.

TGHot 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended as a whole. Gabapentin is not recommended for topical use as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There was no recent physical examination provided for this review. There is no indication that this injured worker is currently utilizing this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Physical performance functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management is hampered by complex issues and the timing is appropriate. There was no recent physical examination provided for this review. The injured worker is currently participating in physical therapy. There is no indication that this is close to reaching or has reached maximum medical improvement. Additionally, there was no documentation of a recent failure to return to work. Given the above, the request is not medically appropriate.