

Case Number:	CM14-0208174		
Date Assigned:	12/22/2014	Date of Injury:	08/19/2014
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/12/2014

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:

Injured worker (IW) is a 51 year old female who sustained an industrial injury to multiple body areas in an motor vehicle accident on 08/19/14. Initial complaints included pain in the neck and shoulders, without numbness, tingling, or weakness. Documented treatment to date has included medications (orphenadrine, acetaminophen, Bengay) and physical therapy. 09/17/14 office note stated that IW's condition was improved but slower than expected. Current complaints included intermittent neck pain without pain, numbness, weakness or tingling in the arms; and burning shoulder pain without numbness, weakness, or tingling. IW's main job characteristics including sit down job and repetitive use of hands/keyboard mouse. The documented physical examination of the cervical spine and bilateral shoulders was normal. Neurological exam was normal. No diagnostic studies are documented. Impression was cervical sprain/strain and shoulder sprain/strain. Nabumetone was prescribed and she was placed on work restrictions. She subsequently complained of left arm pain radiating to the left hand with numbness and tingling in the fingers and reduced sensation was noted in the bilateral C7 dermatomes. Shoulder impingement sign was positive bilaterally. She reported lumbar spine pain with normal strength, sensation, and deep tendon reflexes in the lower extremities. She was noted to be claustrophobic. A peer review recommended modified certification of a supine cervical MRI and non-certification of orphenadrine DR, omeprazole, Medrox ointment, right and left carpal tunnel syndrome braces, and sit down MRIs of the lumbar spine and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI open, sit down MRI, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Standing MRI; and http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a053278.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Standing MRI

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines Chapter 8 8 (Neck & Upper Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Table 8-8 (Summary of Recommendations and Evidence) recommends "MRI or CT to Validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." ACOEM Guidelines are silent concerning sit down MRIs. Official Disability Guidelines does not recommend standing MRIs, considering them experimental, investigational or unproven. Official Disability Guidelines states: "It has not been demonstrated to provide any advantage over conventional (supine) MRIs." Use of other types of positional MRIs other than a standard supine MRI appears to also be unproven. Performance of a supine MRI in an open scanner due to injured worker's documented claustrophobia is reasonable, but medical necessity is not established for the requested sit down cervical MRI. Therefore, this request is not medically necessary.

MRI open, sit down MRI, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Standing MRI; and http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a053278.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Standing MRI

Decision rationale: Evidence of a red-flag condition or unequivocal evidence of specific nerve compromise which would justify performance of a lumbar MRI per ACOEM Guidelines criteria is lacking. ACOEM Guidelines is silent concerning sit down MRI studies. Concerning standing MRI studies, Official Disability Guidelines states: "Not recommended over conventional MRIs. See MRI's. Under study for patients with equivocal findings on conventional MRI, for example, they may be valuable in situations where symptomatic radiculopathy is present without any abnormalities demonstrated on conventional MRI. Although these weight-bearing MRIs units have shown a greater prevalence of disc bulging with the spine loaded (Alexander, 2007), the information gained in addition to that from standard MRIs has limited value in decision making."

Applying the same rationale, there is no evidence to support use of sit down study as an initial MRI. Medical necessity is not established for the requested open sit down MRI per MTUS or Official Disability Guidelines criteria. Therefore, this request is not medically necessary.

MRI open, sit down MRI, shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter/Low Back Chapter, Standing MRI

Decision rationale: For patients with shoulder symptoms persisting despite a 4-6 week course of conservative treatment, ACOEM Guidelines recommends MRI studies in the following circumstances: "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better; To further evaluate the possibility of potentially serious pathology, such as a tumor." Because of claimant's continued shoulder symptoms despite a course of medications and physical therapy and evidence of impingement per physical exam, consideration of shoulder MRIs is reasonable in this case. MTUS and Official Disability Guidelines are silent concerning sit down MRIs for the shoulder. However, for other body areas including the spine Official Disability Guidelines does not recommend standing MRIs noting lack of evidence that they offer an advantage over standard supine studies. There appears to be no advantage of a sit down shoulder MRI compared to a standard study. There is no rationale which would support performance of sit down MRIs in this case and medical necessity is not established for the requested sit down MRIs for the shoulder. Therefore, this request is not medically necessary.

Medrox Pain Relief Ointment, apply to affected area twice a day REF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Medrox ointment contains Capsaicin 0.0375%, Menthol 5.00%, and Methyl Salicylate 20.00%. MTUS recommends use of topical Capsaicin only for patients who have not responded to or are intolerant to other treatments. Failure of or intolerance to previous conservative care is not documented. MTUS states: "There have been no studies of a 0.0375%

formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Medical necessity is not established for use of Capsaicin 0.0375% in this case. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, medical necessity is not established for use of Medrox ointment per the MTUS. This request is not medically necessary.

Omeprazole DR 20mg capsule, take one daily, #30 REF: 2: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Use of an oral non-steroidal anti-inflammatory drug (NSAID) is documented in this case. MTUS recommends use of a proton pump inhibitor (PPI) such as Omeprazole as a gastro protective agent for patients receiving oral NSAIDs who are at risk for gastrointestinal adverse events, or for those who experience dyspepsia with oral NSAIDs. No GI risk factors or GI symptoms are documented in this case. Medical necessity is not established for the requested Omeprazole. Therefore, this request is not medically necessary.

CTS Brace Left and Right: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 266, 272.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Chapter 11 (Forearm Wrist and Hand Complaints) discussion of Physical Methods states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity...Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way." Table 11-7 recommends "Splinting as first-line conservative treatment for CTS, DeQuervain's, strains, etc. (C)" Based upon the submitted information, the requested wrist splints are reasonable and medically necessary consistent with MTUS recommendations.