

Case Number:	CM15-0006731		
Date Assigned:	01/21/2015	Date of Injury:	05/04/2014
Decision Date:	04/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 33 year old female who sustained an industrial injury on 05/04/2014. She has reported neck, back and shoulder pain. The diagnoses have included left shoulder sprain/strain, sprains and strains of neck, consider cervical radiculopathy, left cervical brachial pain consider cervical disc intraspinal injury, impingement syndrome left shoulder, left shoulder adhesive capsulitis. Treatment has included acupuncture, medications, Biofreeze, and physical therapy. The injured worker was initially placed on work restrictions, but work status on 7/31/14 was noted as temporarily totally disabled. Examination by a neurologist on 7/1/14 showed a normal neurological examination. Examination by an orthopedic consultant on 7/8/14 showed restricted neck motion, no radicular pain into the arms, Spurling's test negative bilaterally, left shoulder with tenderness and decreased range of motion, positive Neer's and Hawkins' testing of the left shoulder, normal sensation to light touch in all dermatomes of the bilateral upper extremities with 5/5 strength in all major muscle groups of the bilateral upper extremities, with physiologic and symmetric upper extremity deep tendon reflexes, and negative Tinel's and Phalen's tests at the wrists. Currently, the injured worker complains of neck pain and pain in the left shoulder. At a visit on 10/13/2014 diagnoses were noted as left shoulder impingement syndrome, and C5-C6 discogenic pain with radiculopathy. It was noted that surgical treatment of the left shoulder was pending authorization. The physician documented that in regards to her cervical spine, given the MRI findings, surgical treatment was not recommended but that evaluation and treatment by a pain management specialist was recommended. Tramadol was prescribed. Although the progress note was not among the medical records submitted,

Utilization Review (UR) discusses an orthopedic visit on 9/12/14 during which examination showed motor exam of 5 on the right and 4 on the left with abnormal grip strength on the left, reflexes of 3 bilaterally. UR also notes an MRI of the cervical spine on 8/19/14 which showed a broad based disc protrusion at C5-6 contacting the anterior surface of the cord and a 1-1.5 millimeter central and left lateral protrusion at C6-7. On 12/10/2014 Utilization Review (UR) non-certified a request for 12 sessions of Acupuncture (2x for 6 weeks) noting the injured worker had previously been approved and there was no clear functional and qualified benefit from those previous visits. UR modified a request for 12 sessions of Chiropractic, noting that the six visits have been approved as a trial and the remaining 6 visits were denied. UR non-certified a request for EMG/NCV bilateral upper extremities, noting there is no rationale for a bilateral procedure and the last two notes contain no physical exam. UR non-certified a request for Prilosec/Omeprazole DR 20mg #60, noting the injured worker is not on a NSAID (non-steroidal anti-inflammatory drug). UR non-certified a request for Cyclobenzaprine 7.5mg #60, noting that the guidelines do not permit the chronic long term use of cyclobenzaprine. UR non-certified a request for Cervical Epidural Steroid Injection C3-C5 (x3 levels) noting the Guidelines specifically state that only two levels can be injected at once. UR non-certified a request for Retro- Urinalysis, noting the injured worker is not on a schedule II medication. The MTUS, ACOEM, and ODG were cited. On 01/12/2015, the injured worker submitted an application for independent medical review (IMR) of these items.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture (2x for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. In this case, there is no evidence of a specific physical rehabilitation program (or surgical intervention). Shoulder surgery was discussed but was noted to be not yet approved. There was no discussion by the treating physician regarding a decrease or intolerance to pain medication. The site to be treated and the indication for treatment was not specified. Due to lack of indication and lack of a sufficiently specific prescription, the request for acupuncture is not medically necessary.

12 sessions of Chiropractic: 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) Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: manipulation.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The MTUS for chronic pain is silent on use of manipulation of the neck. The ACOEM states that cervical manipulation is a treatment option for neck pain or cervicogenic headache when used in the context of functional restoration rather than for pain alone, but that there is insufficient evidence to support manipulation for radiculopathy. Physical manipulation for neck pain is an option for treatment early in care only. The ODG notes that cervical manipulation is recommended as an option. The number of sessions recommended varies with the treatment diagnosis: for moderate cervical strain or cervical radiculopathy, a trial of 6 visits over 2-3 weeks may be used as an initial course, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks, with avoidance of chronicity, is recommended. Transition to active self-directed care is recommended. The site to be treated was not specified, but the documentation focuses on issues involving the neck and left shoulder. No prior chiropractic treatment was documented, therefore the requested treatment would represent an initial course of treatment. 12 visits exceed the recommended initial course of 6 visits specified by the MTUS. No manual and manipulative therapy is medically necessary based on a prescription which exceeds that recommended in the MTUS.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to

demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. In this case, there was no documentation of findings consistent with carpal tunnel syndrome (median nerve impingement) or ulnar impingement at the wrist to support the performance of a NCV. Although not specifically stated, the request is presumed to be related to possible cervical radiculopathy. An EMG would be indicated in this case to clarify nerve root dysfunction. As the NCV is not recommended unless an EMG has already been performed and the EMG does not clearly demonstrate radiculopathy or is clearly negative, the request for EMG/NCV bilateral upper extremities is not medically necessary.

Prilosec/Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. There is no documentation that this injured worker has been prescribed an NSAID, and no documentation of any of the risk factors as noted above. The documentation indicates that the injured worker had pre-existing irritable bowel syndrome and gastroesophageal reflux disease. No GI signs and symptoms were described, and no examination of the abdomen was documented. Due to lack of specific indication, the request for prilosec/omeprazole is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to quantity requested consistent with long term use which is not in accordance with the guidelines, the request for cyclobenzaprine is not medically necessary.

Cervical Epidural Steroid Injection C3-C5 (x3 levels): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): p. 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The side to be injected was not specified. There was no sensory loss noted in the documentation submitted. No motor weakness was documented in the medical records, although an orthopedic examination in September 2014 discussed in the Utilization Review determination noted decrease in left sided strength and abnormal grip strength on the left. The MRI of the cervical spine was not present in the medical records submitted, although the Utilization Review determination noted an MRI of the cervical spine in August 2014 which showed disc protrusions at C5-6 and C6-7. No electrodiagnostic testing was documented. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing, at the levels requested for treatment. The MTUS states that no more than two nerve root levels should be injected using transforaminal blocks, and that no more than one interlaminar level should be injected at one session. The request is for three levels, which is in excess of the guidelines, and there was no documentation of any findings specific to levels C3-4 or C 4-5. Due to lack of sufficient documentation of radiculopathy on physical exam and corroborated by imaging or electrodiagnostic studies, lack of documentation of findings specific to two of the levels requested for injection, and number of levels to be injected in excess of the guidelines, the request for Cervical Epidural Steroid Injection C3-C5 (x3 levels) is not medically necessary.

Retro- Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing p. 43, opioids p. 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing and Other Medical Treatment Guidelines UpToDate: Wald, Ron: Urinalysis in the diagnosis of kidney disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The urinalysis is used in evaluating acute and chronic kidney disease, and can be used to monitor the course of kidney diseases in some patients. It may be used in patients with suspected kidney disease or kidney stones. In this case, there was no documentation of presence of suspicion of kidney disease. It is possible that the request for urinalysis represents a request for urine drug screening, as the injured worker has been prescribed tramadol. Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. There was no documentation of the indication for performance of a urinalysis. Although the injured worker had been prescribed tramadol, there was no discussion of a treatment plan for use of opioid medication. There was no documentation of kidney disease or suspected kidney disease. The request for urinalysis is not medically necessary based on lack of a sufficiently specific prescription and lack of documented indication.