

Case Number:	CM15-0100723		
Date Assigned:	06/03/2015	Date of Injury:	09/13/2013
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York Certification(s)/Specialty:
Emergency 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:

This 64 year old man sustained an industrial injury on 9/13/2013 due to cumulative trauma. Diagnoses include cervical spine strain/sprain, thoracic spine strain/sprain, lumbar sprain sprain/strain rule out discogenic pain, bilateral shoulder pain, bilateral wrist sprain/strain, left hand pain, and bilateral knee pain. Treatment has included oral medications. Physician notes dated 3/10/2015 show complaints of neck pain with radiation to the bilateral upper extremities rated 5/10, bilateral arm/shoulder pain rated 5/10, right wrist pain rated 3/10, left wrist/hand pain rated 4/10, upper and low back pain rated 5/10 with radiation to the bilateral lower extremities, bilateral knee pain rated 4/10, anxiety, insomnia, and nervousness. Recommendations include Naproxen, Cyclobenzaprine, Omeprazole, topical compounded medication, physical therapy, X- rays of the cervical, thoracic, and lumbar spine, left hand, bilateral shoulders, and bilateral knees; internal medicine consultation, functional improvement measurements, lumbar spine support / brace, urine drug screen, psychiatric consultation, request for medical records, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101-102.

Decision rationale: According to CA MTUS, psychological treatment is "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders." There is not documentation in the record to support previous psychological evaluation and testing for this IW. There is one comment on a review dated 3/10/15, that refers to anxiety, insomnia, and nervousness. There is no other mention in the records of these symptoms. There is no report of effect on work status or other functional restrictions. It is unclear what diagnoses psychological treatment would be addressing or the form of therapy to be conducted. Without the specifics of the anticipated treatment, the request for psychological consultation is not medically necessary.

Flurbiprofen 20%/Cyclobenzaprine 5% in cream base, 240 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112-113.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is cyclobenzaprine. MTUS guidelines states that muscle relaxants are not recommended as there is no literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Amitriptyline 10%/Gabapentin 10%/Dextromethorphan 10 % in cream base, 240 gms:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations include random drug testing that are not at office visits. There are no reports of urine drug screens provided in the records. The request for a UA drug screen does not specify what specifically is being tested. Review of the note dated 3/10/2015 does not list any narcotics or benzodiazepines as currently prescribed. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.

Physical therapy - bilateral shoulders, bilateral knees, cervical, thoracic, and lumbar spine, bilateral wrists, and left hand, twelve sessions (thrice weekly for 4 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is unclear if this is a first time physical therapy evaluation and treatment. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. If this is a request for ongoing physical therapy, there is no documentation to support functional improvement or decreasing dosing or frequency of medications. If this is a request for initial visits, recommendations are for 6 visits over 2 weeks. The request for 12 visits exceeds this recommendation. If this is for ongoing treatments, guidelines support "fading of treatment frequency along with active self-directed home PT." There is no mention of a home physical therapy program in the records. The request for physical therapy is not medically necessary.

MRI - bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder - MRI.

Decision rationale: MTUS is silent on this topic. The ODG guidelines outline specific indications for imaging. These indications are: "Acute shoulder trauma, suspect rotator cuff tear / impingement; over age 40 normal plain radiographs; subacute shoulder pain, suspect instability / labral tear; repeat MRI is not routinely recommended." Records do not include documentation for a suspicion of a labral tear or focal findings on examination. Documentation does not include plain film radiograph results. Without this information, the request for bilateral MRI of the shoulders is not medically necessary.

EMG/NCV - bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 119-122.

Decision rationale: The IW has previously had EMG/NCV testing. There are no reports from the prescribing physician which adequately present new neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, repeat electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

MRI - 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): 172-173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back.

Decision rationale: CA MTUS ACOEM guidelines recommend imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." With respect to cervical magnetic resonance imaging studies, other indications include neck, shoulder, posterior arm pain or paresthesias or postlaminectomy syndrome. ODG guidelines recommend an MRI for the following indications only: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit." The IW does not have any of these indications. The IW previously had an MRI without documentation of new injury since this study. In the absence of appropriate indications or physical exam finding, the request for a cervical MRI is not medically necessary.

MRI - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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) low back - MRIs.

Decision rationale: CA MTUS ACOEM guidelines recommend imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." ODG guidelines state "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit." Other indications include trauma with neurologic deficits or complicated low back pain with concern for cauda equina syndrome. There is no mention of surgeon evaluation, treatment, or previous spine surgery. There is no documentation of radiculopathy. There is no documentation of physical medicine treatments to the low back. Without the supporting documentation, the request for a lumbar MRI is not medically necessary.

MRI - thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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) Low Back - MRIs.

Decision rationale: CA MTUS ACOEM guidelines recommend imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." ODG guidelines state "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit." Other indications include thoracic spine trauma with neurologic deficits or complicated low back pain with concern for cauda equina syndrome. There is no mention of surgeon evaluation, treatment, or previous spine surgery. There is no documentation of radiculopathy. There is no documentation of physical medicine treatments to the low back. Without the supporting documentation, the request for a lumbar MRI is not medically necessary.