

Case Number:	CM15-0108910		
Date Assigned:	06/15/2015	Date of Injury:	06/19/1991
Decision Date:	09/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

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:

The injured worker is a 73-year-old female, who sustained an industrial injury on 6/19/1991. She reported a slip and fall with immediate pain to the low back and numbness in bilateral upper extremities. She is status post left elbow surgery and two cervical fusions. Diagnoses include cervical discectomy and fusion, left ulnar nerve transposition, and multilevel degenerative changes to lumbar spine. Treatments to date include medication therapy, physical therapy, trigger point injections, and biofeedback. Currently, she complained of pain in the neck, low back, and left shoulder. On 5/12/15, the physical examination documented tenderness to entire cervical region. The plan of care included request for a pain management consultation and treatment, and laboratory evaluations including Chem 9 and Hepatic function panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation and Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Consultations Page(s): 1.

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

Decision rationale: The request is for a pain management consultation. The MTUS guidelines do not address this issue specifically. The ODG state the following regarding this topic. Recommended as determined to be medically necessary; Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a 'flag' to payors for possible evaluation, however, payors should not automatically deny payment for these if pre-authorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of 'virtual visits' compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy. See also Telehealth. In this case, the request is reasonable and supported by the documentation. The patient has chronic pain, which justifies evaluation by a pain management specialist. As such, the request is medically necessary.

Retro (DOS 5/12/15) Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape. com: Preoperative testing.

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

Decision rationale: The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high risk. In this case, the patient does not meet the qualifying factors necessary. As such, the request is not medically necessary.

Labs: Chem 8, Hepatic Function Panel, CPK, CRP, Arthritis Panel, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/rheumatoid-arthritis/guide/blood-tests>.

Decision rationale: The request is for blood testing including an arthritis panel. The MTUS and ODG guidelines are silent regarding this topic. An arthritis panel includes multiple tests to help determine if the patient has a rheumatologic condition. Rheumatoid factors are a variety of antibodies that are present in 70% to 90% of people with rheumatoid arthritis (RA). Rheumatoid factor (RF), however, can be found in people without RA or with other autoimmune disorders. In general, when no rheumatoid factor is present in someone with RA, the course of the disease is less severe. In this case, there is inadequate documentation, including physical exam findings to justify an arthritis panel. The patient has a long history of neck and back pathology with no significant change in her status. Certain blood screening measures are indicated. But in aggregate, the request is not medically necessary.

X-rays C-Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back (Acute and Chronic) Chapter, Radiographs.

Decision rationale: The request is for cervical spine radiographs. The ODG state the following regarding qualifying criteria: Indications for imaging X-rays (AP, lateral, etc.): Cervical spine trauma, unconscious. Cervical spine trauma, impaired sensorium (including alcohol and/or drugs). Cervical spine trauma, multiple trauma and/or impaired sensorium. Cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit. Cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet. Cervical spine trauma, alert, cervical tenderness- Chronic neck pain (after 3 months conservative treatment), patient younger than 40, no history of trauma, first study. Chronic neck pain, patient younger than 40, history of remote trauma, first study. Chronic neck pain, patient older than 40, no history of trauma, first study. Chronic neck pain, patient older than 40, history of remote trauma, first study. Chronic neck pain, patients of any age, history of previous malignancy, first study. Chronic neck pain, patients of any age, history of previous remote neck surgery, first study - Post-surgery: evaluate status of fusion. In this case, radiographs are indicated. As the guideline states, x-rays are reasonable for patients with chronic neck pain with a previous remote neck surgery and those post-surgery for evaluation of status of fusion. As such, the request is medically necessary.

X-rays L-Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, x-rays.

Decision rationale: The request is for x-rays of the low back. The ODG state the following regarding qualifying criteria: Not recommend routine x-rays in the absence of red flags. (See indications list below.) Indications for imaging plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma (a serious bodily injury): pain, tenderness. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70. Uncomplicated low back pain, suspicion of cancer, infection. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Post-surgery: evaluate status of fusion. In this case, there is inadequate documentation of 'red flags', which would warrant x-rays. There is also no record to indicate and change in neurologic status or new deficit. Pending this information, the request is not medically necessary.

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pain treatment agreement Page(s): 89.

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

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Tizanidine (Zanaflex) Page(s): 66.

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

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate qualifying evidence for use of a muscle relaxant, the request is not medically necessary. All muscle relaxant medications should be titrated down slowly to prevent an acute

withdrawal syndrome.

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Cymbalta (Duloxetine), antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16.

Decision rationale: The request is for the use of the medication Cymbalta which is in the category of a Selective serotonin and norepinephrine reuptake inhibitor. The MTUS guidelines state this drug is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has been used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. In this case, there is inadequate documentation of a diagnosis which would qualify use of this medication. As such, the request is not medically necessary.