

Case Number:	CM15-0010550		
Date Assigned:	02/23/2015	Date of Injury:	12/04/2014
Decision Date:	04/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old female sustained an industrial injury on 12/4/14. She subsequently reports ongoing pain in her neck, back, left shoulder/ arm, left elbow, bilateral wrists bilateral lower legs, stomach/ digestive problems and excretion/ urination problems. Treatments to date have included physical therapy and prescription pain medications. On 1/9/15, Utilization Review partially-certified requests for Physical therapy of the left knee, twice weekly for six weeks, Physical therapy of the left elbow, twice weekly for six weeks, Physical therapy of the left shoulder, twice weekly for six weeks, Physical therapy of the lumbar region, twice weekly for six weeks, Physical therapy of the thoracic region, twice weekly for six weeks, Physical therapy of the cervical region, twice weekly for six weeks. The above physical therapy requests were modified to PT x6 based on ODG guidelines. On 1/9/15, Utilization Review non-certified requests Fluriflex 180 grams, Cyclobenzaprine 7.5 mg, sixty count, Tramadol 50 mg, sixty count. The above pharmaceutical denials were based on MTUS Chronic Pain and ODG guidelines. On 1/9/15 Utilization Review non-certified a Hot & cold therapy unit, The Hot & cold therapy unit was denied based on non-MTUS guidelines. On 1/9/15, Utilization Review non-certified request for Interferential Unit, Lumbosacral brace, X-rays of the left elbow, X-rays of the left shoulder. The Interferential Unit, Lumbosacral brace, X-rays of the left elbow, X-rays of the left shoulder denials were based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the left knee, twice weekly for six weeks: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had physical therapy although the quantity and subjective and objective pain and functional gains were not documented in the medical records that were available to me. The request for physical therapy 2 times a week for 6 weeks exceeds the guideline recommendations and there is nothing in the injured workers clinical presentation that would warrant deviating from the guidelines, therefore the request for physical therapy of the left knee twice weekly for six weeks is not medically necessary.

Physical therapy of the left elbow, twice weekly for six weeks: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had physical therapy although the quantity and subjective and objective pain and functional gains were not documented in the medical records that were available to me. The request for physical therapy 2 times a week for 6 weeks exceeds the guideline recommendations and there is nothing in the injured workers clinical presentation that would warrant deviating from the guidelines, therefore the request for physical therapy of the left elbow twice weekly for six weeks is not medically necessary.

Physical therapy of the left shoulder, twice weekly for six weeks: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had physical therapy although the quantity and subjective and objective pain and functional gains were not documented in the medical records that were available to me. The request for physical therapy 2 times a week for 6 weeks exceeds the guideline recommendations and there is nothing in the injured workers clinical presentation that would warrant deviating from the guidelines, therefore the request for physical therapy of the left shoulder twice weekly for six weeks is not medically necessary.

Physical therapy of the lumbar region, twice weekly for six weeks: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had physical therapy although the quantity and subjective and objective pain and functional gains were not documented in the medical records that were available to me. The request for physical therapy 2 times a week for 6 weeks exceeds the guideline recommendations and there is nothing in the injured workers clinical presentation that would warrant deviating from the guidelines, therefore the request for physical therapy of the lumbar region twice weekly for six weeks is not medically necessary.

Physical therapy of the thoracic region, twice weekly for six weeks: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the

guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had physical therapy although the quantity and subjective and objective pain and functional gains were not documented in the medical records that were available to me. The request for physical therapy 2 times a week for 6 weeks exceeds the guideline recommendations and there is nothing in the injured workers clinical presentation that would warrant deviating from the guidelines, therefore the request for physical therapy of the thoracic region twice weekly for six weeks is not medically necessary.

Physical therapy of the cervical region, twice weekly for six weeks: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had physical therapy although the quantity and subjective and objective pain and functional gains were not documented in the medical records that were available to me. The request for physical therapy 2 times a week for 6 weeks exceeds the guideline recommendations and there is nothing in the injured workers clinical presentation that would warrant deviating from the guidelines, therefore the request for physical therapy of the cervical region twice weekly for six weeks is not medically necessary.

Fluriflex 180 grams: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Muscle relaxants are not recommended for topical use. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and therefore the request for Fluriflex (flurbiprofen/cyclobenzaprine) 180grams are not medically necessary.

Cyclobenzaprine 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (flexeril), Muscle relaxants Page(s): 41-42, 64.

Decision rationale: Regarding the request for cyclobenzaprine, the MTUS recommends a short course of this medication as an option in the management of chronic pain. The effect of cyclobenzaprine is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks the patient does not appear to be a candidate for continued use of cyclobenzaprine. Continued use of cyclobenzaprine would not fall within guideline recommendations and would put the patient at increased risk for adverse effects. Therefore, the request for cyclobenzaprine 7.5mg sixty count is not medically necessary.

Tramadol 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 78.

Decision rationale: Per the MTUS opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me do not contain documentation that meets the criteria for continued opioid use and therefore the request for tramadol 50mg sixty count is not medically necessary.

Hot & cold therapy unit: 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): 299.

Decision rationale: Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of cold in first few days of acute complaint. Thereafter applications of heat or cold, this does not require the use of any special equipment other than what is readily available over the counter. Therefore the request for hot and cold therapy unit is not medically necessary.

Interferential Unit: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A review of the injured workers medical records that are available to me show that the injured worker has not met the above referenced criteria as described in the MTUS and therefore the request for interferential unit is not medically necessary.

Lumbosacral brace: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / lumbar supports.

Decision rationale: Per ACOEM in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, Per the ODG, lumbar braces are recommended as an option in the treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-

quality evidence, but may be a conservative option). Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. (Kim, 2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). (McIntosh, 2011) Bracing is a low-risk, cost-effective method to treat certain thoracolumbar fractures, and it offers equivalent efficacy as surgical management in many cases. A review of the injured workers medical records does not show that she meets the criteria as recommended in the guidelines her there was no documentation of any type of fractures, spondylolisthesis or instability and there was also no documentation of recurrent low back pain, a lumbar brace is not medically necessary in the management of this injured worker.

X-rays of the left elbow: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: Per ACOEM, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me do not show that she has any red flags or that she has received appropriate conservative care to her left elbow and therefore based on the guidelines the request for x-rays of the left elbow is not medically necessary.

X-rays of the left shoulder: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per ACOEM, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. For patients with limitations of activity after four weeks and unexplained physical findings such as effusions or localized pain especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me do not show that she has any red flags or that she has received appropriate conservative care to her left shoulder and therefore based on the guidelines the request for x-rays of the left shoulder is not medically necessary.