

Case Number:	CM15-0134360		
Date Assigned:	07/22/2015	Date of Injury:	04/01/1994
Decision Date:	09/15/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/11/2015

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: Texas, Florida, California
 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:

The injured worker is a 58 year old male patient who sustained an industrial injury on 04/01/1994. On 09/25/2014 the patient underwent electric nerve conduction study which revealed abnormal study with evidence of left chronic sacroiliac radiculopathy. A primary treating office visit dated 11/14/2014 reported the patient with subjective complaint of having thoracic and lumbar spine pain with spasms. There is mention of an appointment scheduled to receive trigger point injections on 11/20/2014. In addition, he is with bilateral shoulder pain. The patient is currently attending acupuncture, chiropractic, and physical therapy sessions. The following diagnoses were applied: lumbar spine strain/sprain intervertebral disc protrusion; thoracic spine strain/sprain, degenerative disc disease; bilateral shoulders strain/sprain, tendinopathy and bilateral degenerative disc disease; mild osteoarthritis right shoulder. The following medications were prescribed: Ultram, and Naproxen. A recent pain management visit dated 06/22/2015 reported subjective complaint of constant neck pain that radiates down bilateral upper extremities. There is also low back pain that radiates down the bilateral lower extremities, and bilateral shoulder pain. In addition, he has difficulty sleeping and is with depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: This claimant was injured in 1994 with abnormal study with evidence of left chronic sacroiliac radiculopathy. There is thoracic and lumbar spine pain with spasms. In addition, he is with bilateral shoulder pain. The patient is currently attending acupuncture, chiropractic, and physical therapy sessions. The following diagnoses were applied: lumbar spine strain/sprain intervertebral disc protrusion; thoracic spine strain/sprain, degenerative disc disease; bilateral shoulders strain/sprain, tendinopathy and bilateral degenerative disc disease; mild osteoarthritis right shoulder. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request was appropriately not medically necessary.

ROM (range of motion) assessment to the lumbar spine: 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), Low Back Chapter, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Range of Motion.

Decision rationale: This claimant was injured in 1994 with abnormal study with evidence of left chronic sacroiliac radiculopathy. There is thoracic and lumbar spine pain with spasms. In addition, he is with bilateral shoulder pain. The patient is currently attending acupuncture, chiropractic, and physical therapy sessions. The following diagnoses were applied: lumbar spine strain/sprain intervertebral disc protrusion; thoracic spine strain/sprain, degenerative disc disease; bilateral shoulders strain/sprain, tendinopathy and bilateral degenerative disc disease; mild osteoarthritis right shoulder. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes such testing is part of a routine clinical musculoskeletal

examination done by providers during routine office visits. It is not clear why therefore it would need to be requested as a special service. The ODG notes: Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Therefore, the request is not medically necessary.

X-rays of the lumbar spine: 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), Low Back, Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) The California MTUS-ACOEM guides, specifically Chapter 12 for the back, note on page 303.

Decision rationale: This claimant was injured in 1994 with abnormal study with evidence of left chronic sacroiliac radiculopathy. There is thoracic and lumbar spine pain with spasms. In addition, he is with bilateral shoulder pain. The patient is currently attending acupuncture, chiropractic, and physical therapy sessions. The following diagnoses were applied: lumbar spine strain/sprain intervertebral disc protrusion; thoracic spine strain/sprain, degenerative disc disease; bilateral shoulders strain/sprain, tendinopathy and bilateral degenerative disc disease; mild osteoarthritis right shoulder. The MTUS notes that the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of equivocal neurologic signs. Further, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. The request was appropriately not medically necessary.

Flexeril 7.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: This claimant was injured in 1994 with abnormal study with evidence of left chronic sacroiliac radiculopathy. There is thoracic and lumbar spine pain with spasms. In addition, he is with bilateral shoulder pain. The patient is currently attending acupuncture, chiropractic, and physical therapy sessions. The following diagnoses were applied: lumbar spine strain/sprain intervertebral disc protrusion; thoracic spine strain/sprain, degenerative disc disease; bilateral shoulders strain/sprain, tendinopathy and bilateral degenerative disc disease; mild osteoarthritis right shoulder. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the request is not medically necessary.