

Case Number:	CM15-0140916		
Date Assigned:	08/05/2015	Date of Injury:	06/03/2015
Decision Date:	09/29/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: New York

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 60 year old, female who sustained a work related injury on 6-3-15. The diagnoses have included lumbosacral discogenic disease with radiculitis, status post lumbar surgery in 2014, bilateral wrist strain-sprain, rule out bilateral wrist carpal tunnel syndrome, right long trigger point, bilateral knee synovitis, bilateral knee internal derangement, right ankle synovitis, bilateral foot plantar fasciitis, sleep disturbance secondary to pain, and a history of hypertension. Treatments have included modified activity. In the Doctor's First Report of Occupational Injury and Illness dated 6-11-15, the injured worker reports gradual pain in her back, both wrists-hands, both knees, right ankle, and both feet. She reports high blood pressure and sleeping problems. There are no physical exam findings documented. She never reported symptoms to her employer for fear of termination. She continued to work regular duties and went to seek medical care through her private insurance. She last saw her doctor on 6-4-15 and was put off work for three days. She remains off work due to her symptoms not improving and they are persistent. The treatment plan includes a prescriptions for Tramadol, topical pain cream and Sentra, requests for a hot-cold unit, for an interferential unit, for a urine drug screen, for an MRI of the right knee, for an EMG-NCV of bilateral upper extremities, for Extracorporeal Shockwave Therapy (ESWT), for a consultation with an internist and for a physical therapy evaluation and treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the CA MTUS guidelines, "lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." As per ODG: criteria for imaging Plain X-rays: 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; From the submitted Medical Records it is unclear how the X-ray will change the management. There are no documented physical exam findings and no mention of red flags without such evidence and based on guidelines cited, the request for X-ray Lumbar spine is not medically necessary and appropriate.

X-ray of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter-Radiography.

Decision rationale: Per the CA MTUS, ACOEM guidelines, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." It has only been one week since she experienced her symptoms of right hand pain. As per Official Disability Guidelines (ODG), Radiography is recommended For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. From the submitted Medical Records it is unclear how the X-ray will change the management. There are no documented physical exam findings and no

mention of red flags. Without such evidence and based on guidelines cited, the request for X-ray of the right hand is not medically necessary and appropriate.

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." EMG-NCV studies of the arms may be indicated for median or ulnar nerve impingement after failure of conservative treatment. EMG-NCV is not recommended as a routine in a diagnostic evaluation or screening in clients without symptoms. The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The Requested Treatment: EMG/NCV of bilateral upper extremities is not medically necessary and appropriate.

Extracorporeal shockwave therapy 1 x 4 for the bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Per the CA MTUS, ACOEM guidelines, "limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy."

There is insufficient documentation of conservative treatments attempted to ease this injured worker's feet pain. Since there is lack of evidence for ESWT for the feet and insufficient documentation of conservative care attempted so far, the requested treatment of ESWT for the feet is not medically necessary.

Tramadol (Ultram) 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 81.

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

Decision rationale: Per the CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. " "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. There is insufficient documentation of the dosage, how she is taking it and if it is effective in her pain relief. Since there is insufficient documentation, the requested treatment of Tramadol is not medically necessary.

Compound medication HMPHCC2; Flurbiprofen 20%/ Baclofen 5%/ Camphor 2%, Menthol 2%/ Dexamethasone micro 0.2%/ Capsaicin 0.024%/ Hyaluronic acid 0.2% 210gm: Upheld

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

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

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With non-steroidal anti-inflammatories (NSAIDs), "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." "There have been no studies of a 0.0375% formulation of capsaicin." "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." There is no information noted on the use of menthol or camphor in a topical cream. There is no information noted on the use of hyaluronic acid in a topical cream preparation. There is no peer reviewed literature on the use of Baclofen in a topical application. Since the medicated

cream compound has medications not recommended for topical use, the requested treatment of a medicated cream consisting of Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, hyaluronic acid and Capsaicin is not medically necessary.

Sentra PM #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter -- Medical Food.

Decision rationale: ODG- state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Sentra is a medical food that contains choline barbitrate and glutamate, acetyl-l-choline, coco powder, grape seed extract, hawthorn berry and ginkgo biloba. There is no role for these supplements as treatment for chronic pain. Review of medical records neither mention any rationale, nor any documentation of deficiency. Request also does not specify frequency. Therefore, the request is not medically appropriate.

Hot and cold unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter--Cold/heat packs.

Decision rationale: ODG recommends Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis. ODG states Continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of surgery. Although the use of equipment is appropriate post-operatively, the medical records neither indicate that this injured worker had any recent surgery nor, is scheduled to have one. As such, there is no

indication for use of cold unit at this time. For heat therapy, special equipment is not needed. ODG also state mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. The requested treatment Hot and cold unit is not medically necessary and appropriate.

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Per the CA MTUS guidelines, the use of interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. There is no documentation of conservative treatments she is receiving and if they are helping to relieve her pain symptoms. Since there is no documentation of conservative treatments and there is lack of quality evidence for the use of this device, the requested treatment of an interferential unit is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine analysis Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 78.

Decision rationale: Per CA MTUS guidelines, urinalysis is used as a way of drug testing. "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG state (1) UDT is recommended when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. There is insufficient documentation of her use of opiate medications to warrant the use of urinalysis drug screening.

Review of Medical Records does not indicate substance abuse, noncompliance, or aberrant behavior. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met, therefore, the request for Urine Toxicology Screen is not medically necessary.

Physical therapy evaluation and treatment 3 x 4 for the lumbar spine, bilateral wrists, bilateral hands, right ankle, bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page 114 and The Official Disability Guidelines.

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

Decision rationale: Per CA MTUS guidelines, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, physical therapy recommended as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." There is insufficient documentation of specific symptoms this injured worker is experiencing to indicate a need of physical therapy. There is no documentation of any prior specific treatments this injured worker has already attempted. The requested treatment of a physical therapy evaluation and treatment to her lumbar spine, bilateral hands, bilateral knees, right ankle, and bilateral feet is not medically necessary.

Consultation with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. 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. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to

aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's current symptoms. The treating provider does not specify what the concerns are that need to be addressed by the specialist. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Per the CA MTUS, ACOEM guidelines, MRI of the knee may be useful in diagnosing knee pathology such as meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." The provider does not specify why he is requesting an MRI of the knee for this injured worker. Documentation does not include a physical exam to indicate what physical problems this injured worker is having with her right knee besides her complaint of knee pain. The requested treatment of an MRI of the right knee is not medically necessary.

X-ray of the right knee: 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 ACOEM Chapter 13 Knee Complaints Page(s): 342-343.

Decision rationale: Per the CA MTUS, ACOEM guidelines, "special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma:- Patient is able to walk without a limp- Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are:- Joint effusion within 24 hours of direct blow or fall- Palpable tenderness over fibular head or patella- Inability to walk (four steps) or bear weight immediately or within a week of the trauma- Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out.

For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." There is insufficient documentation on any conservative treatments this injured worker has attempted. There are no clinical indications for the need of an x-ray of the knee. Therefore, the requested treatment of an x-ray of the right knee is not medically necessary.

X-ray of the left knee: 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 ACOEM Chapter 13 Knee Complaints
Page(s): 342-343.

Decision rationale: Per the CA MTUS, ACOEM guidelines, "special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp; Patient had a twisting injury and there is no effusion; The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall; Palpable tenderness over fibular head or patella; Inability to walk (four steps) or bear weight immediately or within a week of the trauma; Inability to flex knee to 90 degrees; Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." There is insufficient documentation on any conservative treatments this injured worker has attempted. There are no clinical indications for the need of an x-ray of the knee. Therefore, the requested treatment of an x-ray of the left knee is not medically necessary.