

<b>Case Number:</b>	CM15-0185854		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 52 year old male with an industrial injury dated 08-26-2008. Medical record review indicates he is being treated for myofascial pain, adhesive capsulitis shoulder, and neck sprain-strain, chronic pain syndrome, right sacroiliac joint dysfunction associated with pelvic obliquity and leg length discrepancy and right elbow contusion-laceration-sprain with adhesive capsulitis. Subjective complaints (08-06-2015) included low back, right shoulder, jaw and bilateral knee pain. The pain is described as "achy." His current pain was documented as 4 out of 10, average pain 6 out of 10 and intensity of pain after taking the opioid was rated as 3 out of 10. The least reported pain over the period since last assessment was documented as 4 out of 10. Pain relief is documented as lasting "a couple of hours." The pain is documented as better with rest and worse with prolonged walking and standing. The treating physician documented: "He continues to have problems with the right upper extremity." "He recently had a course of therapy for the right elbow with some improvement. It is noted that he continues to have marked limited motion of the right elbow and also right wrist. The treating physician also noted: "The patient continues to have problems with neurologic and cognitive problems." The treatment note dated 07-08-2015 documented current pain as 4 out of 10, average pain as 6 out of 10 and intensity of pain after taking the opioid as 4 out of 10. Pain relief is documented as lasting 4 hours. The treatment note dated 06-02-2015 pain rating was documented as current pain 6 out of 10, average pain 5 out of 10 and intensity of pain after taking the opioid as 4 out of 10. Pain relief is documented as lasting "a couple of hours." The provider documented: "The patient does have peripheral nerve pain with burning and numbness in the wrist and right thumb." "Patient

had previously been on Neurontin but this was discontinued due to side effects." Current medications are documented as Relafen, Lyrica and Valium. Medical record review indicates the injured worker has been on Lyrica at least since 05-06-2015. Prior treatments are documented as psychotherapy, vestibular rehab, occupational therapy (unknown number of visits), medications, dental and ophthalmology. Physical exam (08-06-2015) revealed right elbow with diffuse tenderness and decreased painful range of motion. Extension was documented as -20-110. Tenderness was noted in the low back over the right sacroiliac joint - "pelvic obliquity with the left 1 centimeter higher than the right." The request for authorization dated 08-11-2015 included: Occupational therapy to Right Upper Extremity, 6 sessions, MRI (magnetic resonance imaging) Right Elbow, Lyrica 50 mg Qty not specified, CT (computed tomography) of temporal bone, Qty 1. On 08-25-2015 utilization review denied the request for:- Occupational therapy to Right Upper Extremity, 6 sessions, MRI (magnetic resonance imaging) Right Elbow, Lyrica 50 mg Qty not specified, CT (computed tomography) of temporal bone, Qty 1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Occupational therapy to Right Upper Extremity, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. Continued therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Occupational therapy to Right Upper Extremity, 6 sessions is not medically necessary.

#### **MRI (magnetic resonance imaging) Right Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), MRI.

**Decision rationale:** The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Indications include suspicion of intra-

articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria which would warrant an MRI of the elbow. This particular case is remarkable for substantial decrease in range of motion, but there is no documentation of change in the patient's physical examination. MRI (magnetic resonance imaging) Right Elbow is not medically necessary.

**CT (computed tomography) of temporal bone, Qty 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), CT (computed tomography).

**Decision rationale:** According to the Official Disability Guidelines, CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizure and should also be considered in the following situations: 1. Signs of basilar skull fracture, 2. Physical evidence of trauma above the clavicles, 3. Acute traumatic seizure, 4. Age greater than 60, 5. An interval of disturbed consciousness, 6. Pre-or post-event amnesia, 7. Drug or alcohol intoxication, or 8. Any recent history of TBI, including MTBI. Considering the very remote history of this patient's traumatic brain injury, CT of the head is not indicated. The reason for a focus on the temporal bones is not documented. CT (computed tomography) of temporal bone, Qty 1, is not medically necessary.

**Lyrica 50 mg Qty not specified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that Lyrica is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of radicular pain. The request is non-specific for amount of medication; consequently, Lyrica 50 mg Qty not specified is not medically necessary.