

Case Number:	CM15-0027925		
Date Assigned:	02/20/2015	Date of Injury:	03/20/2014
Decision Date:	05/19/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury via cumulative trauma from 4/17/12 to 3/20/14, with subsequent ongoing back, neck, right shoulder, bilateral hand and right lower extremity pain. Current diagnoses included cervical sprain/strain, rule out herniated disc, lumbar spine strain/sprain, rule out herniated disc and possible carpal tunnel syndrome. Treatment included injections, medications, physical therapy and acupuncture. A qualified medical evaluation dated 10/27/14, recommended additional chiropractic therapy, physical therapy, aquatic therapy, steroid injections, and magnetic resonance imaging cervical spine, right shoulder and electromyography/nerve conduction velocity test of bilateral upper extremities and lower extremities. Magnetic resonance imaging right shoulder (12/11/14), showed a laterally down-sloping acromion, supraspinatus tendinosis, a partial articular infraspinatus tear, a long head bicep tendon anchor tear with long head bicep tendon tenosynovitis. Magnetic resonance imaging cervical spine (12/11/14), showed disc desiccation with broad based disc herniation and spinal canal stenosis. Electromyography/nerve conduction velocity test bilateral upper extremities (12/18/14) showed mild bilateral median neuropathy at the wrists and suggestion of mild right ulnar neuropathy across the elbow. In a PR-2 dated 12/1/14, physical exam was remarkable for a slight antalgic gait, lumbar spine without tenderness to palpation with decreased range of motion, bilateral shoulders with full range of motion and no tenderness to palpation, bilateral hands with full range of motion and no sensory or motor deficits, right hip with tenderness to palpation and right groin with tenderness to palpation. The treatment plan included magnetic resonance imaging of the cervical spine, lumbar

spine, shoulder and right hip. The continuation of the current medication regimen and home exercise program was also recommended. The injured worker was referred for a course of chiropractic therapy. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI - Cervical 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, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4-week period of conservative care and observation fails to improve symptoms. In this case, the injured worker underwent a recent MRI of the cervical spine. There was no documentation of a progression or worsening of symptoms or examination findings to support the necessity for an additional MRI. Given the above, the request is not medically necessary.

Open MRI - 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, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, it is noted that the injured worker underwent a recent MRI of the lumbar spine. There was no documentation of a worsening or progression of symptoms or examination findings. The medical necessity for an additional imaging study has not been established. As such, the request is not medically necessary.

Open MRI - Right 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, MRI.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there was no evidence of a worsening or progression of symptoms or examination findings to support the necessity for a repeat imaging study. The injured worker underwent a recent MRI of the right shoulder in 12/2014. Given the above, the request is not medically necessary.

Open MRI - Right Hip: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state an MRI may be indicated if there is evidence of osseous, articular, or soft tissue abnormalities. An imaging study may also be indicated for osteonecrosis, occult, acute, and stress fracture, acute and chronic soft tissue injury, or a tumor. In this case, there was no documentation of a worsening or progression of symptoms or examination findings to support the necessity for a repeat MRI. The injured worker underwent an MRI of the right hip on 10/27/2014. Given the above, the request is not medically necessary.

Norflex (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The request as submitted failed to indicate the strength, frequency, and quantity. Given the above, the request is not medically necessary.

Tramadol (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The request as submitted failed to indicate the specific strength, frequency, and quantity. As such, the request is not medically necessary.

Menthoderm Creams (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 105.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request as submitted failed to indicate a specific strength, frequency, and quantity. As such, the request is not medically necessary.

Prilosec (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.

Chiropractic Therapy 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a

therapeutic trial of 6 visits over 2 weeks. The current request for chiropractic therapy 2 to 3 times per week for 6 weeks exceeds guideline recommendations. There is also no specific body part listed in the request. As such, the request is not medically necessary.