

<b>Case Number:</b>	CM15-0042374		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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:

The injured worker (IW) is a 53 year old female who sustained an industrial injury on 05/26/2010. She reported cervical spinal pain, thoracic pain, headaches, cervicogenic in nature, upper extremity injuries, and shoulders, hands, wrists, and hands with cumulative trauma. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, cervical spondylosis, and chronic headaches. Treatment to date has included MRI cervical spine, EMG/NCV (electromyogram/ nerve conduction velocities), physical therapy, and medications, and status post carpal tunnel release in 2011, 2012. Currently, the injured worker complains of cervical pain described as burning, pressure, radiating, splitting and numbness. Condition is improved with rest, narcotics, massage worsens condition. She also complains of migraines, and a dark room, medications and exercise improves her condition. Loud noises worsen it. The third issue she complains of is hand and wrist pain described as aching, crushing, excruciating, pressure, pulling, sharp, shooting, throbbing, and numbness. Activity, stretching and work worsens the condition, narcotics improves it. The treatment plan includes the following requests: 3 months gym membership with pool access, 10 sessions of aquatic therapy (cervical, bilateral hands), 10 sessions for 2 weeks, MRI (magnetic resonance imaging), Cervical spine, MRI (magnetic resonance imaging), Left Shoulder, X-rays, Left Shoulder (3 view with flexion/extension), X-rays, Right Shoulder (3 view with flexion/extension), X-rays, Cervical Spine (3 view with flexion/extension), Labs: CMP (comprehensive metabolic panel), CBC (complete blood count), TSH (thyroid-stimulating hormone), FT4 (free thyroxine) & UDS (urine drug screen), Fetzima 40 mg Qty 30 with 3 refills, Norco 5/325 mg Qty 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 months gym membership with pool access: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) / gym memberships.

**Decision rationale:** The MTUS did not specifically address the issue of gym membership therefore, other guidelines were consulted. Per the ODG, gym memberships are "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision". A review of the injured workers medical records does not reveal extenuating circumstances that would warrant deviating from the guidelines and therefore the request for 3 months gym membership with pool access is not medically necessary.

### **10 sessions of aquatic therapy (cervical, bilateral hands), 10 sessions for 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** Per the MTUS, Aquatic therapy is recommended as an optional form of exercise therapy especially in cases where reduced weight bearing is desirable like in extreme obesity. However a review of the injured workers medical records that are available to me do not show that she has failed land therapy or that she has any condition that would require reduced weight bearing and without this information, medical necessity cannot be established and is not medically necessary.

### **MRI (magnetic resonance imaging), Cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Procedure Summary.

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

**Decision rationale:** Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck and or arm symptoms lasting more than 3-4 weeks. A review of the injured workers medical records that are available to me reveal that she has had a previous MRI of the cervical spine, however the date and the results are not available in the records, there is also no documentation of emergence of any red flags and without this information medical necessity cannot be established and is not medically necessary.

**MRI (magnetic resonance imaging), Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 214, Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Procedure Summary.

**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 MRI of the left shoulder is not medically necessary.

**Labs: CMP (comprehensive metabolic panel), CBC (complete blood count), TSH (thyroid-stimulating hormone), FT4 (free thyroxine) & UDS (urine drug screen): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary, and Lab Tests Online (<http://labtestsonline.org/understanding/analytes/cbc/tab/test>; <http://labtestsonline.org/understanding/analytes/cmp>; <http://labtestsonline.org/understanding/analytes/tsh/tab/test>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Services Task Force (USPSTF) /Thyroid dysfunction: Screening.

**Decision rationale:** The MTUS/ ACOEM and ODG did not address the use of thyroid function screening in the injured worker and therefore other guidelines were consulted. Per the USPSTF, there is insufficient evidence to assess the balance of benefits and harms of screening for thyroid dysfunction in non-pregnant, asymptomatic adults. A review of the injured workers medical records did not reveal subjective or objective findings of thyroid dysfunction and without this information, medical necessity for TSH and Free T4 is not established and is not medically necessary. CBC, CMP and UDS have already been authorized in the Utilization Review and there is no need to address that again here.

**Fetzima 40 mg Qty 30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14. Decision based on Non-MTUS Citation Physicians Desk Reference / Fetzima.

**Decision rationale:** Per the MTUS antidepressants are recommended as a first line option for neuropathic pain, and also possibility for non-neuropathic pain. tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. Per the PDR, Fetzima is a selective serotonin and norepineprine reuptake inhibitor, however a review of the injured workers medical records do not show a failed trial of other first line recommended antidepressants like tricyclics and without this information medical necessity cannot be established and is not medically necessary.

**Norco 5/325 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96 (78,89,95).

**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 actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation 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. In the maintenance phase, the dose should not be lowered if it is working. 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 show documentation of subjective or objective improvement in pain or functional ability with the past use of opioids and without this information medical necessity cannot be established and is not medically necessary.