MAXIMUS Federal Services

Case Number:	CM15-0051682		
Date Assigned:	03/25/2015	Date of Injury:	01/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania
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 50 year old male who has reported the gradual onset of multifocal pain attributed to usual work activity, with injury dates listed as 11/17/97 to 1/8/13. He has reported neck, back, bilateral shoulder, bilateral elbow, and bilateral ankle pain. The diagnoses include chronic cervical strain rule out disc herniation, lumbar strain rule out disc herniation, right shoulder rotator cuff syndrome rule out tear, right carpal tunnel syndrome, and hernia. Treatment to date has included 3 lumbar epidural injections, including a left L4-5 and L5-S1 lumbar epidural steroid injection on 10/7/14. An abdominal ultrasound revealed an inguinal hernia. The injured worker underwent an inguinal hernia repair in July 2012. The injured worker has seen several treating physicians prior to 2/6/15. Reports from those physicians reflect ongoing back and shoulder symptoms, no significant benefit from any treatment, multiple drug tests, and ongoing prescribing of Norco. Work status was "temporarily totally disabled." Per a psychological evaluation in 2013, the injured worker has a history of substance abuse and had been through a drug rehabilitation program. The agreed medical examination (AME) in 2014 listed multiple prior radiographs, including the shoulders, cervical spine, and lumbar spine. MRIs of the lumbar and cervical spine, and right shoulder were listed from 5/24/13. Electrodiagnostic testing from 6/15/13 was normal. No repeat tests were recommended.On 2/6/15 the injured worker was seen for an initial evaluation by a new treating orthopedic surgeon. There were headaches, neck pain, right shoulder pain radiating to the right upper extremity, and low back pain radiating to the legs and feet with weakness, numbness, and tingling. Right groin pain was also noted. Pain was 8-9/10. Prior treatment included a hernia repair, passive physical therapy,

medications, shoulder injections, and epidural steroid injections. MRIs had been performed for the shoulders and lumbar spine. Current medications were hydrocodone, acetaminophen 5-325, cyclobenzaprine, Apap-buta-caff, and omeprazole. The injured worker reported drinking alcohol. Self-reported function was very poor. He had not worked since 2013. Spinal range of motion was reduced. There were no neurological deficits. Shoulder range of motion was reduced with positive impingement and global strength of 4/5. Signs of carpal tunnel syndrome were present. MRI of the cervical and lumbar spine was recommended "to rule out disc herniation." MRI of the right shoulder was recommended to rule out rotator cuff tear. Electrodiagnostic testing of the bilateral upper extremities was to evaluate for cervical radiculopathy vs peripheral process. Tramadol 50mg #120 was either refilled or started [the records state both]. Chronic Norco with muscle relaxants was stated to be unacceptable.On 2/26/15 Utilization Review non-certified the requested MRIs and electrodiagnostic testing. Tramadol was partially certified. Note was made of normal electrodiagnostic testing in 2013 and a lumbar MRI from 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for 'red flag' conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of failed conservative care prior to prescribing an imaging study. The prior MRI was normal for age. There have not been any significant changes in this patient's clinical presentation since that MRI and the treating physician did not discuss those MRI results. The MRI is not medically necessary based on the recommendations in the MTUS.

MRI Right Shoulder: Upheld

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

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

Decision rationale: The MTUS-ACOEM Guidelines, pages 207-9, discuss the criteria for imaging of the shoulder. Special studies are not needed unless there has been a 4-6 week period of conservative care. Exceptions to this rule include the specific bony pathology listed on page 207, and neurovascular compression. The available reports do not adequately explain the kinds of conservative care already performed. The treating physician did not discuss the results of the prior MRI and the specific reasons why a repeat study is necessary. The treating physician stated that he was prescribing the MRI for a possible rotator cuff tear. As noted in the ACOEM Guidelines and other sources, rotator cuff tears are common in older individuals and are not a sufficient criterion for surgical treatment. The MRI is not medically necessary based on the MTUS recommendations.

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, MRI.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No 'red flag' conditions are identified. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. The treating physician has prescribed an MRI because of concern about the possible presence of a herniated disk. Herniated disks are common findings in the general population, and in most people do not predict symptoms or need for treatment. This patient does not fit the MTUS criteria for invasive procedures, such as epidural steroid injection or spine surgery, regardless of any proposed MRI findings. There are no significant changes clinically since the last MRI, and the treating physician has not discussed the results of the last MRI. The current clinical exam is benign. Repeat MRI may be indicated if there were to be significant worsening as evidenced by specific signs and symptoms suggesting new low back pathology. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

EMG/NCV BUE to Evaluate for Cervical Radiculopathy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 268 and 272.

Decision rationale: There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

Tramadol 50 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management.Opioids, steps to avoid misuse/addiction.indications, Chronic back pain.Mechanical and compressive etiologies.Medication trials.Tramadol (Ultram) Page(s): 77-81,94,80,81,60,94, 113.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician did not address the prior results of using opioids. The treating physician did not address the history of substance abuse and alcohol use, which are both important issues when prescribing opioids. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain and a history of substance abuse. There is no record of a urine drug screen program with the current treating physician and no record that the treating physician has addressed the prior drug test results. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically

necessary.This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.