MAXIMUS Federal Services

Case Number:	CM15-0056107		
Date Assigned:	05/18/2015	Date of Injury:	05/15/2013
Decision Date:	09/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

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, Arizona
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 53 year old female, who sustained an industrial injury on 05/15/2013. According to a partially legible handwritten progress report dated 01/12/2015, the injured worker complained of constant sometimes severe neck pain that was rated 8-9 on a scale of 1-10 with associated intermittent headaches, bilateral wrist pain with radiation to the forearms with occasional right greater than left numbness and tingling into the hands and fingers and constant low back pain that was rated 5-8 on a scale of 1-10. Diagnoses included cervical spine strain/ sprain, bilateral upper extremity radicular symptoms, lumbar spine sprain/strain, and bilateral wrist sprain/strain rule out carpal tunnel syndrome and cervicogenic headaches. The treatment plan included chiropractic treatments, functional capacity evaluation, urine drug test, x-rays, Naproxen and Cyclo/Tramadol cream and TENS unit. Work status included modified duties. Currently under review is the request for x-rays of the cervical spine, wrists and lumbar spine, 1 range of motion diagnostic test, functional capacity evaluation, 1 prescription for Cyclo Tramadol cream and 1 urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray cervical spine: Overturned

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

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

Decision rationale: According to the ACOEM, X-rays of the cervical spine can be considered when red flags are suspected. While there is no mention of red flags, the injured worker has cervicogenic headaches, unremitting pain, failing conservative measures to date. X-ray would be indicated to evaluate for bony instability, and degree of degeneration as this would guide future treatments. The request is medically necessary.

1 X-ray both wrists: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

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).

Decision rationale: According to the ODG, wrist radiographs are indicated in cases of acute traumatic wrist pain or chronic wrist pain. The injured worker has radiating wrist pain, in the setting of carpal tunnel syndrome. X-rays would be useful to determine if there is degeneration contributing to the injured workers pain complaints. This request is medically necessary.

1 X-ray lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: According to the ACOEM, Lumbar X-rays are indicated in situations where red flags are noted or suspected. In this particular case, there are no red flags on examination, and despite the fact that the injured workers pain is chronic, without mention of red flags or clear rationale for the X-rays of the lumbar spine, it is not medically necessary.

1 Range of motion diagnostic test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: This request cannot be supported as a sole entity. Range of motion testing is typically performed as part of a standard initial assessment, history and physical examination. Medical necessity has not been substantiated. The request is not medically necessary.

1 FCE (functional capacity evaluation): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity evaluations (FCE) when re-assessing function and functional recovery. The ODG do not recommend proceeding with an FCE if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. There should be mention of a previous failure to return to work, or documentation of conflicting medical reporting on precautions and/or fitness for modified duty work. There is lack of documentation to support this request based on the above and as such, this request is not medically necessary.

1 Prescription for Cyclobenzaprine/Tramadol compounded cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical, Tramadol, Topical, Topical Analgesics, Compounded.

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation mentioning failure to first line agents, or intolerance to oral agents that would potentially support this request. No strength or frequency mentioned within the request. This request is not medically necessary.

1 Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 77-79.

Decision rationale: According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no mention the injured worker is high risk for abuse or aberrant behavior and as such, this request cannot be supported at present time. The request is not medically necessary.