

Case Number:	CM15-0058794		
Date Assigned:	04/03/2015	Date of Injury:	04/14/1993
Decision Date:	05/26/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/27/2015

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 56-year-old female who reported an injury on 04/14/1993; the mechanism of injury was not provided for review. The injured worker is currently being treated for cervical radiculopathy, lumbar spasms, pain in the lower extremity, bilateral De Quervain's tenosynovitis, right side significantly greater than the left, and abdominal pain. The most recent clinical note dated 01/14/2015 indicated that the injured worker had continued complaints of difficulty with activities of daily living and trouble with standing, walking, pushing, pulling, sitting, sleeping, sexual activities, lifting, and carrying. The injured worker was also noted to suffer from emotional distress. The clinical note also indicates that the injured worker's spinal cord stimulator was reprogrammed with good analgesia; however, the injured worker has continued complaints of lumbar spasm intermittently. Additionally, the injured worker was also noted to have headaches for which she was prescribed Fioricet. The injured worker also had noted complaints of nocturnal coughing related to possible GERD, as well as increased nasal obstruction. The injured worker's physical and neurological examination was "otherwise unchanged." The treatment plan included a recommendation for evaluation by a gastrointestinal specialist for possible GERD; recommendation for CT of the chest and sinuses due to history of nocturnal coughing and increased nasal obstruction; aquatic therapy treatments; and continuation of oral and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, Referrals.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, physicians may refer an injured worker to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request remains unclear as there is no documentation regarding the need for orthopedic consultation of the right knee. Additionally, there are no subjective complaints or objective exam findings regarding the right knee in the most recent clinical note. Therefore, the request for Orthopedic consult for the right knee is not medically necessary.

Cyclobenzaprine HCL 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

Decision rationale: According to the California MTUS Guidelines, muscle relaxants may be recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines continue to state cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks. It remains unclear exactly how long the injured worker has been prescribed this medication. Additionally, there is no documentation in regard to the objective measurable therapeutic benefit from the use of this medication. Therefore, the request for Cyclobenzaprine HCL 7.5mg #60 is not medically necessary.

Aquatherapy 3 times a week for 1 month: Upheld

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

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

Decision rationale: According to the California MTUS, aquatic therapy may be recommended as an alternative to land based physical therapy when there is a desire for reduced weight

bearing. This request remains unclear as there is a lack of evidence that the injured worker has significant functional deficit that would benefit from physical medicine, whether it be land based or aquatic therapy. Additionally, there is a lack of evidence within the documentation provided that the injured worker is unable to perform land based physical therapy. Furthermore, it remains unclear whether the injured worker has had physical medicine treatment in the past and, if so, how many sessions she had received and whether it was beneficial. Therefore, the request for Aquatherapy 3 times a week for 1 month is not medically necessary.

CT of facial structures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, CT (computed tomography).

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. However, the Official Disability Guidelines state that CT scans of the head may be recommended for patients who present with abnormal mental status, focal neurological deficits, or acute seizure activities, or in patients with signs of basal skull fracture, pre or postevent amnesia, or any recent history of TBI. There is a lack of evidence within the documentation provided that the injured worker has a symptomatology or objective exam findings that would warrant the need for a CT scan of the facial structures. Additionally, this request was solely on the injured worker's subjective complaints of increased nasal obstruction; there is no actual physical examination demonstrating the injured worker had significant pathology to the nasal passages that would warrant the need for imaging studies of these structures. Additionally, it remains unclear whether the injured worker has been previously treated for the increased nasal obstruction and, if so, what treatment were provided and how did the injured worker responded to the treatments. Therefore, the request for CT of facial structures is not medically necessary.

CT of chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter, CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, CT (computed tomography).

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. However, the Official Disability Guidelines state that CT scans of the chest may be recommended in patients who are presumed to have interstitial lung disease or bronchiectasis. This request remains unclear as there is a lack of evidence within the documentation provided

that the injured worker is presumed to have lung disease or bronchiectasis that would support a CT scan of the chest. Additionally, this request is being recommended solely on the injured worker's subjective complaints of nocturnal coughing. There was no objective physical examination correlating to the chest that would support this requested imaging study. Furthermore, it remains unclear whether the injured worker has been treated for her complaints of nocturnal coughing and, if so, what treatment were provided and how did the injured worker responded to the treatments. Therefore, the request for CT of chest is not medically necessary.

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, page(s) 94; Opioids, criteria for use, page(s) 77, 79.

Decision rationale: According to the California MTUS Guidelines, frequent random urine drug toxicology screens may be recommended in patients who are taking opioid medication to avoid misuse and addiction of the medication. Although it was noted in the documentation that the injured worker was prescribed Fioricet for treatment of headaches, it remains unclear when the injured worker's last urine toxicology test was performed. Additionally, there is no evidence within the documentation that the injured worker is at risk for aberrant behaviors or displaying evidence of misuse of medication. Therefore, the request for Urine toxicology test is not medically necessary.

Gastrointestinal consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, Referrals.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHAPTER 7.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, physicians may refer injured workers to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The documentation indicates that the gastrointestinal consult was being recommended due to the injured worker's subjective complaints of possible GERD. However, there is no actual symptomatology or objective exam findings that would correlate with this diagnosis. Additionally, it remains unclear whether the injured worker has been previously treated, if so, what treatment were provided and how did the injured worker responded to the treatments. Therefore, the request for gastrointestinal consult is not medically necessary.