

Case Number:	CM15-0059966		
Date Assigned:	04/06/2015	Date of Injury:	12/19/2014
Decision Date:	06/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 38 year old male, who sustained an industrial injury on 12/19/2014. The mechanism of injury was cumulative trauma. He sustained injuries to his neck, shoulders, elbows/forearms, hands/wrists, middle back, lower back, knees and ankles/feet. Diagnoses include cervical spine, thoracic spine, lumbar spine, bilateral shoulder, bilateral wrist, bilateral knee and bilateral ankle sprain/strain and rule out contact dermatitis of bilateral forearm. The documentation of 01/12/2015 revealed the injured worker had complaints of headaches, continuous bilateral shoulder pain, continuous right elbow and forearm pain, intermittent left elbow and forearm pain, and frequent bilateral wrist and hand pain. Additionally, the injured worker had complaints of continuous low back pain and frequent bilateral knee pain along with frequent bilateral foot and ankle pain. The surgical history was stated to be none. The medications included Motrin. The physical examination revealed decreased range of motion of the cervical spine. There was tenderness over the bilateral paraspinals, suboccipital, upper trapezius, and sternocleidomastoid muscles. The injured worker had a positive cervical compression test. The injured worker had decreased range of motion of the lumbar spine with tenderness over the bilateral lumbar paraspinals, quadratus lumborum, and gluteal. The injured worker had a positive straight leg raise at 60 degrees. The examination of the upper extremities revealed tenderness over the bilateral upper trapezius, rhomboids, and rotator cuff. There were spasms in the bilateral upper trapezius. The impingement sign was positive bilaterally. The injured worker had reduced range of motion of the bilateral shoulders. The diagnoses included cervical, thoracic, and lumbar sprain/strain and bilateral shoulder sprain/strain. The treatment

plan included cyclobenzaprine 5 mg #60; topical compounds; physical therapy 3 times a week for 4 weeks; x-rays of the cervical spine, thoracic spine, lumbar spine, bilateral wrists, and bilateral knees; secondary consultations, as well as a Functional Capacity Evaluation; urine toxicology test; and lumbar spine support. The subsequent documentation of 02/27/2015 revealed the injured worker was in need of an MRI of the cervical spine, lumbar spine, and bilateral shoulders. The injured worker was in need of physical therapy and was showing functional improvement in pain relief. The injured worker's x-rays were reviewed and the results were handwritten and difficult to read. Currently, the injured worker complains of pain in the cervical spine, thoracic spine, lumbar spine, shoulders, elbows, wrists, knees, and ankle/foot, anxiety, depression and insomnia. Treatments have included therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 74. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic) Official Disability Guidelines, Low Back (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of objective functional deficits to support the need for physical medicine. The documentation failed to provide the quantity of sessions previously attended and objective functional benefit that was received. The request as submitted failed to indicate the body part to be treated with therapy. Given the above, the request for 8 physical therapy sessions is not medically necessary.

1 MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 270-209.

Decision rationale: The ACOEM Guidelines indicate that special studies are not necessary until there has been a 4 to 6 week period of conservative care and observation that fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide

documentation meeting the above criteria. There was a lack of documentation of physiologic evidence and there was a lack of documentation of a failure to progress in a strengthening program for the bilateral shoulders. Given the above, the request for 1 MRI of the bilateral shoulders is not medically necessary.

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The ACOEM Guidelines indicate that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless there has been a 3 or 4-week period of conservative care and observation that fails to improve symptoms. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide physiologic evidence to support the necessity and there was a lack of documentation of a failure to progress in a strengthening program specifically directed at the cervical spine. Given the above, the request for 1 MRI of the cervical spine is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on a neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide documentation the injured worker had unequivocal objective findings upon physical examination. The specific duration of conservative care for the lumbar spine were not provided. Given the above, the request for 1 MRI of the lumbar spine is not medically necessary.

Cyclobenzaprine 5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had muscle spasms upon examination. This medication would be supported for 3 weeks. However, the quantity of 60 would be excessive. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 5 mg #60 is not medically necessary.