

Case Number:	CM15-0067584		
Date Assigned:	04/22/2015	Date of Injury:	05/29/2014
Decision Date:	07/23/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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: New York
 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 51 year old female who sustained an industrial injury on 05/29/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture, and physical therapy. Diagnostic studies include MRIs of the cervical spine and left shoulder. Current complaints include left shoulder blade, left hand and left arm pain. Current diagnoses include cervical radiculopathy, lumbar disc protrusions and radiculopathy, right shoulder impingement syndrome, left shoulder internal derangement, and depression. In a progress note dated 03/03/15 the treating provider reports the plan of care as Capsaicin/Flurbiprofen/Menthol/Camphor and Gabapentin/Amitriptyline/Dextromethorphan creams, cold/heat therapy unit rental, TENS unit rental, psychological evaluation, Physical therapy, chiropractic therapy, acupuncture, urinalysis, MRIs of the cervical, lumbar spines and bilateral shoulders; x-rays of the cervical and lumbar spines and bilateral shoulders, referral to return to work/functional capacity evaluation, and Voltage actuated sensory nerve conduction threshold testing to the cervical and lumbar spine and bilateral shoulders. The requested treatments are Capsaicin/Flurbiprofen/Menthol/Camphor and Gabapentin/Amitriptyline/Dextromethorphan creams, cold/heat therapy unit rental, TENS unit rental, psychological evaluation, Physical therapy, acupuncture, urinalysis, MRIs of the cervical, lumbar spines and bilateral shoulders; x-rays of the cervical and lumbar spines and bilateral shoulders, referral to return to work/functional capacity evaluation, and Voltage actuated sensory nerve conduction threshold testing to the cervical and lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caps 0.025%/Flurbi 15%/Gaba 10%/Menth 2%/ Camph 2% 180gm x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. In this injured worker, the medical necessity for the requested topical compound cream has not been established. There is no documentation in the submitted medical records that the injured worker has failed a trial of antidepressants and anticonvulsants. Therefore, as per guidelines stated above, the requested topical compound cream is not medically necessary.

Gaba 15%/ Ami 4%/ Dextromethorphan 10% 180gm x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this injured worker, the medical necessity for the requested topical compound cream has not been established. There is no documentation in the submitted medical records that the injured worker has failed a trial of antidepressants and anticonvulsants. Therefore, as per guidelines stated above, the requested topical compound cream is not medically necessary.

Cold/heat therapy unit (6 month rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back and Shoulder Procedure Summaries.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter--Cold/heat packs.

Decision rationale: ODG recommends Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis. ODG states that continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of surgery. Although the use of equipment is appropriate post-operatively for this injured worker, but the requested treatment exceeds the guidelines. The injured worker is many months status post shoulder surgery and there is no indication for cold unit at this time. For heat therapy, special equipment is not needed. Therefore, this request is not medically necessary.

TENS/EMS unit (12 month rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 115-116.

Decision rationale: Per CA MTUS guidelines TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but medical records are not clear if this injured worker has tried TENS/EMS unit in a supervised setting and was there any functional benefit. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located in the submitted medical records. The Requested Treatment TENS Unit with garment is not medically necessary and appropriate.

Referral to RTW/FCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Fitness for Duty Procedure Summary, Guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work conditioning, work hardening.

Decision rationale: This chapter examines tools and techniques which have proven effective in assisting workers to remain engaged in society at all levels. It also examines the role of each of the participants in the stay-at-work/return-to-work. ODG states, "A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs." Within the medical information available for review, the injured worker is status post right shoulder surgery 2/12/2015 and is in Physical Therapy. There is no documentation of prior unsuccessful RTW attempts. The referral to RTW/FCE is not medically necessary.

Urinalysis testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary, Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- URINE Drug Testing (UDT).

Decision rationale: ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker is on Narcotic. Without any previous drug screen, urine drug testing (UDT) is recommended. Therefore, this request for urine drug testing (UDT) is medically necessary and appropriate.

MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Magnetic resonance imaging (MRI).

Decision rationale: MTUS/ACOEM state many patients with strong clinical findings of nerve root dysfunction due to disk herniation recover activity tolerance within one month; there is no evidence that delaying surgery for this period worsens outcomes in patients without progressive neurologic findings. Spontaneous improvement in MRI documented cervical disk pathology has been demonstrated with a high rate of resolution. As per ODG -criteria for MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit. Review of submitted medical records of injured worker mention about pain in both shoulders, cervical and lumbar spine. The records are not clear about neurological findings, and there are no red flags. The injured worker had recent MRI in March 2015. Without such evidence and based on guidelines cited, the request for MRI cervical spine is not medically necessary and appropriate.

MRI lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Magnetic resonance imaging (MRI).

Decision rationale: As per ODG criteria for MRI (magnetic resonance imaging): Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other red flags, Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Review of submitted medical records of injured worker mention about pain in both shoulders, cervical and lumbar spine. The records are not clear about neurological findings, and there are no red flags. As per progress notes in the medical records, the injured worker does not appear to have significant changes in symptoms and signs. Without such evidence and based on guidelines cited, the request for MRI lumbar spine is not medically necessary and appropriate.

MRI shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter - Magnetic resonance imaging (MRI).

Decision rationale: As per ODG criteria for MRI (magnetic resonance imaging): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Review of submitted medical records of injured worker mention about pain in both shoulders, status post right shoulder surgery. The records are not clear about neurological findings, and there are no red flags. Without such evidence and based on guidelines cited, the request for MRI of shoulders is not medically necessary and appropriate.

Voltage-actuated sensory nerve conduction threshold (VSNCT) diagnostic test (cervical, lumbar and shoulders): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back and Low Back Procedure Summaries.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing.

Decision rationale: The Voltage-actuated sensory nerve conduction threshold (VSNCT) is a quantitative test of sensory function. ODG-state that current perception threshold is not recommended. The reviewed documentation is not clear that injured worker has neurological deficits. Given the above, the request for Voltage-actuated sensory nerve conduction threshold (VSNCT) diagnostic test (cervical, lumbar and shoulders) is not medically necessary and appropriate.

X-rays for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official

Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back Procedure Summary (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter -- Radiography (x-rays).

Decision rationale: As per ODG criteria for imaging Plain X-rays: Cervical spine trauma, unconscious- Cervical spine trauma, impaired sensorium (including alcohol and/or drugs)- Cervical spine trauma, multiple trauma and/or impaired sensorium- Cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit- Cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet- Cervical spine trauma, alert, cervical tenderness- Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study- Chronic neck pain, patient younger than 40, history of remote trauma, first study- Chronic neck pain, patient older than 40, no history of trauma, first study- Chronic neck pain, patient older than 40, history of remote trauma, first study- Chronic neck pain, patients of any age, history of previous malignancy, first study- Chronic neck pain, patients of any age, history of previous remote neck surgery, first study - Post-surgery: evaluate status of fusion. From the submitted medical records, it is unclear how the X-ray will change the management. The injured worker has no progressive neurological deficits, no new red flags, and no recent acute injury. Without such evidence and based on guidelines cited, the request for x-ray of cervical spine is not medically necessary and appropriate.

X-rays for 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 Treatment in Workers' Compensation (ODG-TWC), Low Back Procedure Summary (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-- X-rays.

Decision rationale: MTUS/ACOEM Guidelines state X-ray of lumbar spine is not recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. As per ODG -criteria for imaging - Plain X-rays:- Lumbar spine trauma (a serious bodily injury): pain, tenderness- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70- Uncomplicated low back pain, suspicion of cancer, infection- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, infectious disease patient- Myelopathy, oncology patient- Post-surgery: evaluate status of fusion. From the submitted medical records it is unclear how the X-ray will change the management. The injured worker has no progressive neurological deficits, no new red flags, and no recent acute injury. Without such evidence and based on guidelines cited, the request for X-ray of the lumbar spine is not medically necessary and appropriate.

X-rays for shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back Procedure Summary (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter - X-rays.

Decision rationale: As per ODG-criteria for imaging Plain X-rays: Acute shoulder trauma, rule out fracture or dislocation- Acute shoulder trauma, questionable bursitis. From the submitted medical records it is unclear how the X-ray will change the management. The injured worker has no new red flags, and no recent acute injury. Without such evidence and based on guidelines cited, the request for X-ray of shoulders is not medically necessary and appropriate.

Acupuncture 2x6 (cervical, lumbar and shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Medical necessity for any further acupuncture is considered in light of "functional improvement." There is no evidence that this injured worker has received any treatment with acupuncture to date, and thus he may potentially be a candidate for a course of acupuncture. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. There is evidence of a specific physical rehabilitation program and the injured worker is status post right shoulder surgery 2/12/2015, but 12 visits of acupuncture exceed the MTUS recommendation for an initial trial of acupuncture. Given the MTUS recommendations for use of acupuncture, including an initial trial which is substantially less than 12 visits, the request for 12 visits is not medically necessary.

Physiotherapy 2x6 (cervical, lumbar and shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98,99.

Decision rationale: MTUS recommends 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker is in physical therapy after operative repair of right shoulder. The records are not clear about the number of visits, functional benefit and how many body parts were addressed. Also there is no mention in change of symptoms or clinical findings, acute flare up to support PT for shoulders, lumbar and cervical spine. Therefore, the request is not medically necessary and appropriate.