

<b>Case Number:</b>	CM15-0068067		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 58-year-old female, with a reported date of injury of 03/31/2010. The diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder trapezial myofasciitis, and cervical spine and lumbar spine musculoligamentous injury with discopathy. Treatments to date have included an MRI of the lumbar spine, an MRI of the cervical spine, and home exercises. The Doctor's First Report dated 03/16/2015 indicates that the injured worker complained of neck, right shoulder, and left shoulder pain. She rated the pain 8 out of 10. The objective findings include tenderness of the bilateral cervical paraspinal muscles, right cervical paraspinal muscle spasms, increased tone of the trapezius muscles, increased tone and spasms of the bilateral lumbar spine, tenderness and spasms of the L4 paraspinal muscles, right facet tenderness, and bilateral shoulder periscapular tenderness. It was also noted that there was decreased range of motion and weakness. The treating physician requested physical therapy for the right shoulder, an MRI of the cervical spine, an MRI of the lumbar spine, functional improvement measurement using NIOSH testing, Tramadol, Omeprazole, and compounded creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

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

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. There is no documentation describing the total number of past physical therapy for this condition. Furthermore, guidelines recommend initial trials of 6-visits of therapy for acute flares. The request for 12 sessions of physical therapy is at this time is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Back and Neck Pain Page(s): 304.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Cervical MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. There is lack of documentation of significant neurologic dysfunction. There is lack of documentation of failed conservative treatments to include physical therapy, and no mention that surgery would be considered an option. As such, this request is not medically necessary.

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Imaging, Magnetic Resonance Imaging (MRIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Neck and Back Pain Page(s): 304.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Lumbar MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. There is no documentation stating failure of conservative management, nor is there mention that surgery is being considered an option. That said, this request is not medically necessary.

**One Baseline and One P&S complete Functional Improvement Measurement (FIM):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49 and 50.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation and Other Medical Treatment Guidelines ACOEM Chapter 7, page 137.

**Decision rationale:** Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job. Consider an FCE if: Case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precaution and/or fitness for modified work, and injuries that require detailed exploration of the workers abilities. There is no mention of previous failed return to work attempts, and no clear rationale exists in the submitted documentation to support this request. As such, it is not medically necessary.

**Functional Improvement Measurement (FIM) plus NIOSH Testing every 30 days:** 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); FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation and Other Medical Treatment Guidelines ACOEM Chapter 7, page 137.

**Decision rationale:** As the request for FIM / Functional capacity evaluation was non-certified, this request is also not medically necessary.

**Tramadol (dosage & quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-84.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. There is a lack of medication duration, dosage, and frequency and as such, it cannot be supported at this time.

**Omeprazole (dosage & quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is lack of documentation stating the injured worker has any of the above conditions. This request at present time cannot be reasonably supported.

**Creams (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

**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. There is lack of documentation supporting this request. It is unknown what type of topical analgesic is being prescribed. Necessity has not been substantiated.