

<b>Case Number:</b>	CM15-0072385		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 45-year-old female, who sustained an industrial injury on October 27, 2011. She reported pain of the neck and low back, numbness in the legs, and headaches. She was initially diagnosed with blunt, right head trauma, cervical sprain/strain, and contusion of back. The injured worker was diagnosed as having cervical spine sprain/strain and lumbar spine radiculitis. Diagnostics to date has included MRI and x-rays. Treatment to date has included work modifications, lumbar epidural steroid injections, extracorporeal shock wave therapy, a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and medications including pain, topical and oral muscle relaxant, anti-epilepsy, topical non-steroidal anti-inflammatory, and non-steroidal anti-inflammatory. On March 5, 2015, the injured worker complains of frequent neck and low back pain with weakness and decreased range of motion. Her neck pain was rated 7/10 and her back pain was rated 8/10. The physical exam revealed bilateral cervical spine paraspinal muscles tenderness and spasm and increased tone of the right trapezius musculature. There was tenderness, increased tone, and spasms of the lumbar spine, bilateral paraspinal muscles tenderness, right paraspinal muscle spasms, and facet and gluteal/sciatic notch tenderness. The treatment plan includes 12 sessions of chiropractic therapy, MRI of cervical and lumbar spines, functional capacity evaluation/NIOSH, and non-steroidal anti-inflammatory, proton pump inhibitor, and topical cream medications. The requested treatments 12 sessions of chiropractic therapy for cervical and lumbar spine, MRI of cervical spine, MRI of lumbar spine, one baseline and one Permanent & Stationary complete functional improvement measurement (FIM), functional improvement measurement (FIM) using NIOSH testing every 30 days while undergoing treatment, and non-steroidal anti-inflammatory, proton pump inhibitor, and topical cream medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 sessions of chiropractic therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** Per MTUS guidelines, it is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The Medical Records do not indicate if this request is for initial treatment, or did the injured worker had prior treatments as date of injury dates back few years. If injured worker had previous treatments, then there is necessity of documenting functional improvement. There is also no documentation of any new injury; therefore, the request for Chiropractic therapy is not medically necessary and appropriate.

### **MRI of the 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 of the neck and low back, numbness in the legs, and headaches. No new injury is reported. 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 repeat MRI cervical spine is not medically necessary and appropriate.

## **MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Official Disability Guidelines (ODG) --MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: trauma, neurological deficit, Thoracic spine trauma: with 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, and recurrent disc herniation). As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes normal neurological exam, and there are no red flags. Therefore, the request for repeat MRI Lumbar spine is not medically necessary and appropriate.

## **One baseline and One P&S functional improvement measurement (FIM):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines Page(s): 49-50.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-90. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Work conditioning, work hardening.

**Decision rationale:** A number of functional assessment tools are available, including functional capacity exams and videotapes. Most assess general functioning, but modifications to test work-related functioning are under development or can be created by the clinician. ODG states valid Functional Capacity Evaluation (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 has chronic pain and there is no indication the injured worker is close or at maximum-medical-improvement (MMI). There is no documentation of prior unsuccessful return-to-work (RTW) attempts. Medical records lack information about job description, physical demand level and specific work-related tasks. Also, records do not document injured worker's return to work goals. The medical necessity of the requested service has not been established.

**Functional improvement measurement (FIM) using NIOSH testing every 30 days while undergoing treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44, Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation [http://en.wikipedia.org/wiki/NIOSH\\_power\\_tools\\_database](http://en.wikipedia.org/wiki/NIOSH_power_tools_database).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 40.

**Decision rationale:** Functional improvement measurement is recommended for demonstrating maintenance and improvement in function. No specific guidelines are offered by NIOSH website ([www.cdc.gov/niosh](http://www.cdc.gov/niosh)). There is no need for any special techniques. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. The functional improvement testing can be done in a clinical setting on routine office visits and there is no need for specialized testing, therefore, NIOSH testing every 30 days is not medically necessary and appropriate.

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** As per MTUS Guidelines Naproxen is a non-steroidal anti-inflammatory medication (NSAID). This type of medication is recommended for the treatment of chronic pain as a second line of therapy after acetaminophen. The documentation indicates the patient has been maintained on long-term NSAID therapy and there has been no compelling evidence presented by the provider to document that the patient has had any functional improvements from this medication. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 72. Decision based on Non-MTUS Citation Official Disability Guidelines, FDA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Proton pump inhibitors (PPIs).

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this injured worker, there is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Omeprazole has not been established.

**Creams/topicals (unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topicals; analgesics Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** According to the California MTUS Guidelines (2009), 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. The request does not specify the Creams/topicals and there is no compelling evidence in the submitted records about the need for topicals. Therefore, the request is not medically necessary.