

Case Number:	CM15-0082870		
Date Assigned:	05/05/2015	Date of Injury:	10/05/2007
Decision Date:	09/15/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 66 year old female who sustained an industrial injury on 10/05/2007. Diagnoses include discogenic cervical condition for C4-C7, symptomatic, fracture of both humerus status post open reduction and internal fixation with impingement noted bilaterally, transverse fracture process from L2 thorough L5 of the lumbar spine, Magnetic Resonance Imaging presently approved in March 2015, and radiculopathy noted down the right lower extremity, internal derangement of the knee on the right status post meniscectomy medially and laterally in 2011, internal derangement of the knee on the left with Magnetic Resonance Imaging in the past being negative and treated conservatively, recovery from groin contusion, pelvic contusion, liver contusion, and brain injury, chronic pain, stress, depression and weight loss. Treatment to date has included diagnostic studies, medications, knee brace, status post-operative arthroscopy, synovectomy and meniscectomy lateral and medially in 2011, chondroplasty on 06/13/2011, physical therapy, Hyalgan injection, cortisone injections, hot and cold wraps, and a Transcutaneous Electrical Nerve Stimulation unit. A physician progress note dated 03/16/2015 documents the injured worker has tenderness along the lumbar spine with facet loading being positive. There is tenderness along the medial and lateral joint line of the knee, with some weakness to resisted function of the knee. Knee extension is 180 degrees, and flexion is 120 degrees, instability is not being an issue. There is tenderness along the rotator cuff bilaterally with findings of impingement. Last Magnetic Resonance Imaging of the right knee done in February of 2013 revealed tricompartmental arthritis. Standing x rays done in January of 2014 showed bone on bone along the lateral joint line. She does have evidence of buckling and

limping on the right knee, and for that reason, she wants a total knee replacement, which has been requested in the past. She occasionally uses a cane. Treatment requested is for 1 cervical pillow, 1 cervical traction with air bladder, 1 large TENS unit, 1 lumbar back support and back support insert, Gabapentin 600mg #90, IF or muscle stimulator with conductive garment, MRI without contrast of bilateral shoulders, MRI without contrast of lumbar spine, Norco 10/325mg #90, and Orphenadrine Citrate (Norflex) 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation shows that the injured worker is diagnosed with transverse fracture process from L2 thorough L5 of the lumbar spine and physician report indicates that a Lumbar spine MRI has already been approved. The current request for MRI without contrast of lumbar spine is subsequently not medically necessary.

MRI without contrast of 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): Special Studies and Diagnostic and Treatment Considerations, pg 207.

Decision rationale: MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker has history of bilateral humerus fracture and is status post open reduction and internal fixation with impingement noted bilaterally. Documentation indicates that a recent request for bilateral shoulder MRI has already been approved. The current request for MRI without contrast of bilateral shoulders is subsequently not medically necessary.

1 cervical traction with air bladder: 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) Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Initial Assessment, pg 173.

Decision rationale: Per MTUS, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness for the use of passive physical modalities such as traction for the treatment of neck pain. The injured worker complains of chronic neck pain. Documentation provided does not show objective evidence of radicular symptoms and there is no report of prescribed home exercise program at the time of the request under review. The request for 1 cervical traction with air bladder is not medically necessary by MTUS.

1 cervical pillow: 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) Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Pillow.

Decision rationale: Per guidelines, use of a neck support pillow while sleeping is recommended when used in conjunction with daily exercise. The injured worker complains of chronic neck pain. Documentation provided fails to show that the injured worker is participating in a daily exercise program. The request for 1 cervical pillow is not medically necessary per guidelines.

1 lumbar back support and back support insert: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar supports.

Decision rationale: MTUS states that the use of Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per guidelines, lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long-term use of lumbar supports is not recommended. Chart documentation does not indicate any acute objective findings to justify the

use of lumbar support to treat the injured worker's chronic complaints of back pain. The request for 1 lumbar back support and back support insert is not medically necessary per guidelines.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complains of chronic multiple joint pain, including neck and low back. Documentation fails to show significant improvement in pain to support the medical necessity for continued use of Gabapentin. The request for Gabapentin 600mg #90 is not medically necessary by MTUS.

Orphenadrine Citrate (Norflex) 100mg #60: Upheld

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

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complains of chronic low back pain. Documentation fails to show objective findings of muscle spasm and there is no evidence of acute exacerbation or significant improvement in the injured worker's pain to justify continued use of Orphenadrine. The request for Cyclobenzaprine is not medically necessary per MTUS guidelines.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck, bilateral shoulder, knee and low back pain. Documentation fails to demonstrate adequate improvement in pain to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #90 is not medically necessary.

IF or muscle stimulator with conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: MTUS states that Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). Electrotherapy is recommended in conjunction with other treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Documentation provided does not support that the injured worker is physically limited or participating in a home exercise program. With MTUS criteria not being met, the medical necessity for an interferential unit and conductive garment has not been established. Subsequently, the request for IF or muscle stimulator with conductive garment is not medically necessary.

1 large TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. Documentation indicates that the injured worker already has access to a TENS unit. There is lack of objective evidence provided to support the medical necessity for another TENS unit. The request for 1 large TENS unit is not medically necessary by MTUS.