

Case Number:	CM15-0089573		
Date Assigned:	05/13/2015	Date of Injury:	07/17/2002
Decision Date:	09/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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

Certification(s)/Specialty: Emergency 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 54 year old female who sustained an industrial injury on 07/17/2002. Mechanism of injury was continuous trauma injuries while working as an intermediate clerk typist. Diagnoses include chronic neck pain and posterior headaches, fibromyalgia and generalized myofascial pain, right shoulder arthropathy, bilateral knees arthropathy, with pain worse on the right than the left, lumbar degenerative disc disease and right lower extremity sensory radiculopathy in the L5 and S1 distributions. Treatment to date has included medications, a wrist brace, and a cane. A physician progress note dated 03/24/2015 documents the injured worker has significant pain in the upper back and neck region, in both wrists, in both shoulders and also in her low back and down the lower extremities. She wears wrist braces and uses a cane to ambulate. She has ongoing muscle spasm in the upper back and neck region. There is decreased range of motion in both shoulders and soreness and muscle pain with spasms in all four extremities and throughout the spine. She has previously been under the care of a rheumatologist, a chiropractor and a psychiatrist, but has not seen them recently. Her medications assist with her daily living and quality of life. On March 17, 2015 she fell down the stairs at work injuring her left ankle, left knee, bilateral elbows, hands/wrists, cervical spine and lumbar spine. This was reported and she in the process of seeing physicians. There are palpable muscle spasms throughout the spine. There are muscle spasms involving the neck and upper and lower back. Range of motion in the neck is greatly decreased with forward flexion to no more than 30 to 35 degrees. Extension is greatly reduced. There is tenderness of both shoulders, with some impingement sign on the right. Right shoulder range of motion is decreased more than the

left. There are significant muscle spasms in the low back. There is minimal posterior extension and forward flexion is to about 45 degrees. She reports numbness and tingling involving the first 2 toes bilaterally, and bottom of her feet. There is tenderness at the head of the metatarsals. Straight leg raise test is positive bilaterally. Treatment requested is for 1 year Gym pool membership 2 x per week for 4 weeks, Ambien 10mg #30, Cyclo, ctaba for pain, Lumbar epidural steroid injection at L5-S1, Referral to Rheumatologist, Urine drug screen (DOS: 4/21/15), and Xanax 0.25mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Rheumatologist: 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), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: The request is for a specialty consultation. The MTUS guidelines are silent regarding this issue. The ODG state the following: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a 'flag' to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of 'virtual visits' compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example

Chiropractic manipulation and Physical/Occupational therapy. See also Telehealth. In this case, the request is not certified. This is secondary to poor documentation as to the reasoning for the visit and consultation. There is inadequate discussion of the specific issue requiring further evaluation and assessment. The request is not medically necessary.

Lumbar epidural steroid injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: The request is for an epidural steroid injection to aid in pain relief. There are certain qualifying criteria regarding the use of this treatment modality. The MTUS guidelines state the following on this topic: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the patient does not meet the criteria set above. There is inadequate documentation of radiculopathy by physical examination which is corroborated by imaging studies. As such, the request is not medically necessary.

1 year Gym pool membership 2 x per week for 4 weeks: 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), Low Back, Gym, memberships.

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, Gym memberships.

Decision rationale: The request is for a gym membership. The MTUS guidelines are silent regarding this issue. The ODG state the following: Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. In this case, the request is not indicated. This is secondary to inadequate documentation of a home exercise program with periodic assessment as well as a need for equipment. As such, the request is not medically necessary.

Urine drug screen (DOS: 4/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Screening for risk of addiction, Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high risk. In this case, the patient does not meet the qualifying factors necessary. As such, the request is not medically necessary.

Ambien 10mg #30: 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), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399.

Decision rationale: The request is for the use of a sleep aid. The need for this type of medication is varied and includes side effects of pharmaceuticals taken, stress, or even psychiatric conditions. Prior to use, a proper work-up is required delineating the etiology of the sleep disturbance. This may require a psychiatric evaluation. Further, restorative measures should initially include improving sleep hygiene, reducing caffeine intake and fat rich foods. In

this case, the required evaluation and initial treatment measures are not seen. As such, the request is not medically necessary.

Cyclo, ctaba for pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 to 113 of 127.

Decision rationale: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of the topical muscle relaxant is not indicated for use for the patient's condition. The MTUS states the following: "There is no evidence for use of any other muscle relaxant as a topical product." As such, the request is not medically necessary.

Xanax 0.25mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: The request is for the use of a medication in the category of benzodiazepines. It is usually indicated to treat anxiety disorders but has been used short-term as a muscle relaxant. The MTUS guidelines state the following: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) In this case, a medication in this class would not be advised for continued use due to the duration of therapy. As such, the request is not medically necessary. All benzodiazepine medications should be titrated down slowly to prevent an acute withdrawal syndrome.