

Case Number:	CM14-0005257		
Date Assigned:	01/24/2014	Date of Injury:	12/15/2001
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old male who has filed a claim for lumbar sprain associated with an industrial injury date of December 15, 2001. Review of progress notes reports pain of bilateral shoulders, right more than the left; of bilateral knees, left more than right; left wrist, left hip, neck, and back. Patient also experiences severe headaches occurring about once a week with migraine-like characteristics. Patient also reports sleep difficulty with snoring, sometimes waking up to gasp for air. There is also some difficulty with short-term memory. Findings include limited range of motion and tenderness of the knees and shoulders. Patient's nose is distorted to the right. Right shoulder MRI, dated July 23, 2013, showed partial-thickness tear of the supraspinatus tendon with tendinosis of the infraspinatus tendons, partial-thickness tear of the subscapularis tendon, tendinosis of the long head of the biceps tendon with an associated tear of the superior labrum, and mild hypertrophic change of the acromioclavicular joint. Left knee MRI showed post-ACL repair changes, osteoarthritis of the patellofemoral joint compartment with full-thickness patellar and trochlear articular cartilage loss, arthrofibrosis within Hoffa's fat, and small joint effusion. Of note, patient played hockey professionally and was subject to multiple head traumas, concussions, and nasal fractures. Treatment to date has included NSAIDs, opioids, Midrin, muscle relaxant, ice and hot packs, physical therapy, and home exercise program. Patient has had surgery to the distal left ulna in 2001, ACL repair of the left knee in 2003, and multiple nasal fracture surgeries. Utilization review from January 08, 2014 denied the request for EEG, digital QEEG, and brain MRI as there is no documentation that the patient had any traumatic brain injury, previous brain imaging, or previous treatment; for surgical consultation for the left knee and right shoulder as there is no documentation regarding activity limitation, pain, or deficits referable to the left knee or right shoulder; for Omeprazole 20mg as

there is no documentation of gastrointestinal upset in this patient; and for Cyclobenzaprine 7.5mg as there is no documentation regarding muscle spasms in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG& DIGITAL QEEG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, EEG (neurofeedback); QEEG (brain mapping).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, EEG is recommended if there is failure to improve or additional deterioration is present following initial assessment and stabilization. QEEG is not recommended for diagnosing traumatic brain injury. The requesting physician notes that an EEG and digital QEEG are necessary to determine cognitive impairment in this patient. The patient is experiencing recent decline in short-term memory. An EEG may be a reasonable diagnostic tool to determine post-concussion sequelae in this patient. However, there is no indication for a QEEG in this patient. Therefore, the request for EEG and digital QEEG was not medically necessary per the guideline recommendations of ODG.

MRI OF BRAIN: Upheld

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

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, brain MRIs are recommended to determine neurological deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous trauma or disease. The requesting physician notes that a brain MRI is necessary to see if there is any sinus disease contributing to the patient's headaches. Patient has a history of multiple nasal fractures, frequent sinus infections, and breathing difficulty. Patient reports weekly severe migraine-like headaches. However, patient has not had any previous brain imaging, such as a CT scan. Therefore, the request for MRI brain was not medically necessary per the guideline recommendations of ODG.

SURGICAL CONSULTATION FOR LEFT KNEE AND RIGHT SHOULDER: 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 Independent Medical Examinations and Consultations chapter Page(s): 127 AND 156.

Decision rationale: As stated on page 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, patient has had previous surgery to the left knee and right shoulder. Latest MRI of the left knee showed osteoarthritis of the patellofemoral compartment, and latest MRI of the right shoulder showed partial tears of the supraspinatus and subscapularis tendons. However, there is no documentation regarding functional limitations and that the patient has failed conservative treatment to include physical therapy. In addition, the patient is currently able to work and independently do activities of daily living. Therefore, the request for surgical consultation for the left knee and right shoulder was not medically necessary per the guideline recommendations of CA MTUS.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since May 2013. There is no documentation regarding gastrointestinal symptoms in this patient, or of any risk factors as listed above. Also, the requested quantity is not specified. Therefore, the request for Omeprazole 20mg is not medically necessary per the guideline recommendations of CA MTUS.

CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Additionally, muscle-relaxants are recommended for short-term (2-3 weeks) use. The patient has been on this medication since May 2013. There is no documentation regarding acute exacerbation of pain. Since the medication is not recommended for long-term use and the requested quantity is not specified, the request for Cyclobenzaprine 7.5mg was not medically necessary per the guideline recommendations of CA MTUS.