MAXIMUS Federal Services

Case Number:	CM14-0137882		
Date Assigned:	09/19/2014	Date of Injury:	09/01/2005
Decision Date:	10/30/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 64-year-old female who reported injury on 09/01/2005. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical facet syndrome, cervical radiculopathy and carpal tunnel syndrome bilaterally. Past medical treatments consist of surgery, physical therapy and medication therapy. Medications include Paxil and tramadol. There were no UA or drug screens submitted for review. On 07/08/2014, complaint of lower back pain that radiated into her neck and shoulders. It was documented on physical examination that the injured worker had a pain rate of 6/10. Right shoulder restricted flexion limited to 90 degrees due to pain, abduction limited to 90 degrees due to pain and passive elevation limited to 10 degrees due to pain. Hawkins test is positive. Neer's test was positive also. Lift off test was positive, Popeye sign was negative and Speed's test was positive. On palpation, tenderness was noted in the acromioclavicular joint and biceps groove. Treatment plan was for the injured worker to continue with physical therapy, home use of a TENS unit, undergo MRI of the right shoulder and cervical spine and continue medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY VISITS FOR SHOULDERS, BACK, SERVICAL SPINE AND KNEES: Upheld

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

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

Decision rationale: The request for physical therapy for the shoulders, back, cervical spine and knees is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked any indication the efficacy of prior physical therapy. The guidelines recommended up to 10 visits of physical therapy, the amount of physical therapy visits that have already been completed was unclear. Additionally, physical examination lacked evidence of any objective findings regarding the back and cervical spine. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

1 TENS UNIT FOR THE BACK, NECK, KNEES, AND SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENs) Page(s): 116.

Decision rationale: The request for a TENS unit for back, neck, knees and shoulders is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidenced based functional restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There submitted documentation lacked any evidence indicating significant deficits upon physical exam. The efficacy of the injured worker's previous courses of conservative care were not provided. Additionally, it is unclear if the injured worker underwent an adequate TENS trial. The request, as submitted, did not specify whether the request was for rent or purchase of the TENS unit. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

MRI OF THE RIGHT SHOULDER: 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.

Decision rationale: The request for MRI of the right shoulder is not medically necessary. ACOEM/MTUS Guidelines now recommend laboratory tests, plain film radiographs or more specialized imaging studies of the shoulders during the first 6 months of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or SC joint, suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function, in older workers these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging. Shoulder instability can be treated with stabilization exercise, stress radiographs simply confirm the clinical diagnosis. Primary criteria for ordering imaging studies are as follows: Emergence of red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior an invasive procedure. Given the above, the injured worker is not within the ACOEM/MTUS recommended guidelines. The submitted documentation did not indicate that the injured worker had any emergence of red flags. Additionally, the submitted report did not indicate any suspicion of serious shoulder condition or referred pain. There was also a lack of quantified evidence of sensory deficits, range of motion or motor strength regarding the injured worker's right shoulder. Furthermore, there was no physiologic evidence of tissue insult or neurovascular dysfunction. Given the above, the request for MRI of the right shoulder is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. ACOEM/MTUS Guidelines indicate the criteria for ordering imaging studies include the emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests or bone scans. The submitted documentation did not indicate the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction. There was also no indication of failure to progress in a strengthening program. Additionally, there were no definitive neurologic findings on physical examination. Given the above, the request for cervical spine is unclear. As such, the request is not medically necessary.

30 PAXIL 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain (Tricyclic antidepressants) Page(s): 13-15.

Decision rationale: The request for Paxil 20 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines state an assessment of treatment should include not only pain outcomes, but also an evaluation of function, changes in the use of analgesic medication, sleep quality and duration and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at 1 to 2 weeks of treatment with a recommended trial of at least 6 weeks. The submitted documentation lacked any indication of whether the Paxil was being effective to the injured worker. The efficacy of the medication was not noted. There was also no notation as to the side effects of the medication. Guidelines state that it has been suggested that the main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. There was no evidence of psychological assessment being done on the injured worker in regard to the use of Paxil. Additionally, the request, as submitted, did not indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

30 TRAMADOL 150 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TramadolOngoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for tramadol 150 mg with a quantity of 30 is not medically necessary. California MTUS Guidelines states central analgesic drugs, such as tramadol, are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS also recommends that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. A submitted assessment should also include pain levels before, during and after medication administration. The submitted documentation lacked any indication of the injured worker's benefit to the use of tramadol. The efficacy of the medication was not submitted for review. Furthermore, there was no indication of the injured worker being compliant with medications with drug screen or urinalysis. Additionally, there was no indication of any adverse side effects the injured worker may be having with the medication. Given the above, the request is not within MTUS Guidelines. As such, the request is not medically necessary.