

Case Number:	CM14-0147769		
Date Assigned:	09/15/2014	Date of Injury:	03/18/2013
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Emergency 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 injured worker is a 61 year-old female, who sustained an injury on March 18, 2013. The mechanism of injury occurred when she was pulling up a flag when a part swung and hit the injured worker's right wrist and caused her to fall. Diagnostics have included: Urine drug screen dated July 9, 2014 was reported as being positive for Nortriptyline. Treatments have included: medications, July 30, 2013 right shoulder arthroscopy, physical therapy. The current diagnoses are: cervicgia, lumbago, right shoulder s/p repair, righty wrist injury. The stated purpose of the request for Flexion Extension X-Ray of the lumbar spine was not noted. The request for Flexion Extension X-Ray of the lumbar spine was denied on August 27, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Counselor was not noted. The request for Counselor was denied on August 27, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Cymbalta 60mg 1 tab PO QD #30, was not noted. The request for Cymbalta 60mg 1 tab PO QD #30 was denied on August 27, 2014, citing a lack of documentation of neuropathic pain nor trials of tricyclic antidepressants. The stated purpose of the request for Butrans 5mcg/hr. patch #4, was not noted. The request for Butrans 5mcg/hr. patch #4 was modified for #3 on August 27, 2014, citing a lack of documentation of derived functional improvement or measures of opiate surveillance. The stated purpose of the request for MRI lumbar spine was to assess lower extremity dysthesias. The request for MRI lumbar spine was denied on August 27, 2014, citing a lack of documentation of exam evidence of neurologic dysfunction. The stated purpose of the request for MRI Cervical Spine was to assess lower extremity dysthesias. The request for MRI Cervical Spine was denied on August 27, 2014, citing a lack of documentation of exam evidence of neurologic dysfunction. The stated purpose of the request for CMP, CBC, TSH, FT4 and HgA1c (laboratory tests) was not noted. The request for CMP, CBC, TSH, FT4 and HgA1c (laboratory tests) was denied on

August 27, 2014, citing a lack of documentation of medical necessity. Per the report dated August 13, 2014, the treating physician noted complaints of cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. Exam findings included cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion Extension X-Ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Radiography (X-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

Decision rationale: The requested Flexion Extension X-Ray of the lumbar spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks;" and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. The treating physician has documented cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, Flexion Extension X-Ray of the lumbar spine, is not medically necessary.

Counselor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Introduction; Psychological Treatment Page(s): 1; 101-102.

Decision rationale: The requested Counselor, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. The treating physician has documented cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness. The treating physician has not documented the specific indications for this consult nor what the treating physician is anticipating from such a consult. The criteria noted above not having been met, Counselor is not medically necessary.

Cymbalta 60mg 1 tab PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The requested Cymbalta 60mg 1 tab PO QD #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy." The injured worker has cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. The treating physician has documented cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication. The criteria noted above not having been met, Cymbalta 60mg 1 tab PO QD #30 is not medically necessary.

Butrans 5mcg/hr. patch #4: 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): 27-28.

Decision rationale: The requested Butrans 5mcg/hr. patch #4 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, pages 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. The treating physician has documented cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans 5mcg/hr. patch #4 is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. The treating physician has documented cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness. The treating physician has not documented physical exam findings indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI lumbar spine 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI of the Cervical Spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. The treating physician has documented cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the Cervical Spine is not medically necessary.

CMP, CBC, TSH, FT4 and HgA1c (laboratory tests): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939>,

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004108>,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 70.

Decision rationale: The requested CMP, CBC, TSH, FT4 and HgA1c (laboratory tests) are not medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The injured worker has cervical pain with numbness, tingling and weakness to both arms, back pain with radicular pain and weakness to both legs, shoulder pain. The treating physician has documented cervical facet tenderness, positive Spurling's sign and maximal foramina compression test, positive pelvic thrust and FABER maneuver, positive bilateral straight leg raising tests with lumbar tenderness. The treating physician has not documented current NSAID prescriptions or the medical necessity for the additional lab tests. The criteria noted above not having been met, CMP, CBC, TSH, FT4 and HgA1c (laboratory tests) are not medically necessary.