

Case Number:	CM14-0091863		
Date Assigned:	08/08/2014	Date of Injury:	08/06/2002
Decision Date:	09/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 59-year-old female with a date of injury of 08/08/2002. The listed diagnoses per [REDACTED] are: 1. Cervical spine strain with pain radiating to right shoulder. 2. Right shoulder impingement syndrome, rule out rotator cuff tear. 3. Right elbow lateral epicondylitis. 4. Lumbosacral spine strain, rule out disk pathology. 5. Right knee osteoarthritis. 6. Right ankle osteoarthritis. According to progress report 05/07/2014 by [REDACTED], the patient presents with neck, right shoulder, right elbow, low back, right ankle, and right knee pain. Examination of the cervical spine revealed moderate tightness and spasm at trapezius muscles, sternocleidomastoid, and strap muscles bilaterally. Range of motion is decreased on all planes. Examination of the right shoulder revealed flexion and abduction at 160 degrees on the right. Speed's test and impingement test are positive for the right shoulder. Examination of the right elbow revealed tenderness over the lateral epicondyle. Examination of the lumbar spine revealed moderate pain and spasm with palpation of paraspinal muscles. Range of motion was decreased on all planes. Examination of the right knee revealed normal valgus noted over the right knee with moderate swelling. There was tenderness over the right knee medial joint line. The provider is requesting a functional capacity evaluation, tramadol ER 150 mg #45, MRI of the cervical spine, MRI of the right shoulder, MRI of the right elbow, MRI of the lumbar spine, MRI of the right knee, MRI of the right ankle, acupuncture 8 visits, chiropractic treatment 8 visits, and topical compound creams. Utilization review denied the request on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation of cervical spine, right shoulder, right elbow, lumbar spine, right knee and right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd edition, 2004, Independent Medical Examinations and Consultations Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)ACOEM guidelines has the following regarding functional capacity evaluations: Chapter:7(p137,139).

Decision rationale: This patient presents with neck, right shoulder, right elbow, low back, right knee, and right ankle pain. The provider is requesting a functional capacity evaluation. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that functional capacity evaluations (FCEs) can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this case, the provider does not provide a rationale for requesting a functional capacity evaluation. Per ACOEM, there is lack of evidence that FCE's predict the patient's actual capacity. The provider's evaluation estimation is adequate. Furthermore, FCEs are reserved for special circumstances when the employer or adjuster requests for it therefore the request for Functional capacity evaluation of cervical spine, right shoulder, right elbow, lumbar spine, right knee and right ankle is not medically necessary and appropriate.

Tramadol HCL (Hydrochloride) ER (Extended-release) 150mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: This patient presents with neck, right shoulder, right elbow, low back, right knee, and right ankle pain. The provider is requesting a refill of Tramadol HCL ER 150mg #45. MTUS guideline page 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the re-uptake of Serotonin and Norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Progress reports 04/14/2014, 04/18/2014, and 05/07/2014 by 3 different providers were reviewed. The patient was prescribed Tramadol on 04/18/2014 by [REDACTED]. [REDACTED] asked for a refill on 05/07/2014. In this case, review of the progress reports does not include analgesia, outcome measures, or specific functional improvement with

taking this medication. The provider does provide a pain scale, but does not associate decreased pain level with medication intake. There is no documentation of the patient's function or quality of life as they relate to the patient's Tramadol use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request for Tramadol HCL (Hydrochloride) ER (Extended-release) 150mg #45 is not medically necessary and appropriate.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols) has the following.

Decision rationale: The patient states the neck pain radiates to the bilateral shoulders and increases with sharp pain when turning the head from side to side, flexing and extending the head and neck or reaching. Pain level in the neck varied throughout the day with a level of 07/10. Examination of the cervical spine revealed moderate tightness and spasm at trapezius muscles with decreased range of motion on all planes. The provider is requesting an MRI of the cervical spine. The medical file provided for review does not discuss prior cervical imaging. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images, "emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to invasive procedure." For chronic condition, ODG Guidelines recommends MRI studies for chronic neck pain after 3 months of consecutive treatment when radiographs are normal and neurological signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. The patient has evidence of tightness and spasm with slight decrease range of motion but there are no progressive neurological deficit noted. There are no radicular symptoms described either therefore the request for MRI cervical spine is not medically necessary and appropriate.

MRI right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following:(<http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>).

Decision rationale: The patient continues to complain of right shoulder pain. The patient notes instability of the shoulder as well as clicking, popping, and grinding sensation. Examination of the right shoulder revealed flexion 160s on the right and abduction 160s on the right. There was

positive Speed's and impingement test for the right shoulder. The provider is requesting an MRI of the right shoulder for further investigation. Utilization review denied the request stating, "There is no documentation that this patient has a trial of conservative care." ACOEM Guidelines has the following regarding shoulder MRIs on page 207 and 208, routine testing, laboratory test plain film, radiographs of the shoulder, and more specialized imaging studies are not recommended during the first to 6 weeks 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." Review of the medical file does not discuss prior imaging of the right shoulder. An MRI of the shoulder for further investigation is reasonable and therefore the request for MRI right shoulder is medically necessary and appropriate.

MRI right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding elbow MRI:(<http://www.odg-twc.com/odgtwc/elbow.htm>).

Decision rationale: This patient presents with continued right elbow pain. The patient increases with reaching, lifting, carrying, pulling, and pushing and varies throughout the day with a level of 6/10 being the lowest and 10/10 being maximum level of pain. Examination of the right elbow revealed "tenderness over the lateral epicondyle." The provider is requesting an MRI of the right elbow. Utilization review denied the request stating there is no documentation that the patient has failed any conservative treatment. The ODG Guidelines has the following regarding MRI of the elbow, "recommended as indicated below." Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." In this case, the patient continues to be symptomatic around the elbow with tenderness over the lateral epicondyle of the right elbow. It appears the patient has not had an MRI of the elbow in the recent past. ODG allows for an MRI for various different diagnosis of the elbow. The request for MRI right elbow is medically necessary and appropriate.

MRI lumbosacral spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols) has the following.

Decision rationale: This patient presents with continued low back pain that radiates to the bilateral lower extremities. The pain is accompanied with numbness, weakness, tingling, and a burning sensation. Examination of the lower back revealed moderate pain and spasm with palpation. There is a decrease range of motion on all plane and negative straight leg raise testing. The provider is requesting an MRI of the lumbar spine. Utilization review denied the request stating there is no documentation that there is any evidence of radiculopathy that has lasted 4 to 6 weeks and was resistant to conservative care. For special diagnostics, ACOEM Guidelines page 303 state, "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging study." It appears the patient has not received an MRI of the lumbar spine. Given the patient's low back pain with radicular symptoms, an MRI for further investigation is reasonable. The request for MRI lumbosacral spine is medically necessary and appropriate.

MRI right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: The patient complains of right knee pain with episodes of buckling and giving way. Additionally, there is swelling, popping, and clicking sensation. Examination of the right knee revealed normal valgus with moderate swelling. The provider is requesting an MRI of the right knee. Utilization review denied the request stating there is no documentation that the patient has completed a trial of conservative treatment. ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemartrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG Guidelines may be more appropriate at addressing chronic knee pain. It also recommends MRI of the knee for soft tissue injuries, acute and nontraumatic knee pain. There is no indication the patient has had an MRI of the knee. Given the patient's continued complains of pain and buckling an MRI for further investigation is reasonable and therefore MRI right knee is medically necessary and appropriate.

MRI right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following:(<http://www.odg-twc.com/odgtwc/ankle.htm>).

Decision rationale: The patient complains of right ankle pain with associated numbness and tingling as well as swelling in the ankle. There is no examination of the right ankle. ACOEM Guidelines page 374 has the following regarding foot/ankle MRIs, "For patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain, specially following exercising, imaging may be indicated to clarify the diagnosis and assist reconditioning." In this case, given the patient has numbness and tingling with associated swelling of the ankle, an MRI may be reasonable for further investigation. The request for MRI right ankle is medically necessary and appropriate.

Acupuncture: eight (8) visits two times a week for four weeks (2x4); cervical spine, lumbar spine, right knee, right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE FOR NECK AND LOW BACK PAIN.

Decision rationale: This patient presents with neck, right shoulder, right elbow, low back, right knee, and right ankle pain. The provider is requesting acupuncture 8 visits 2 times a week for 4 weeks. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. The medical file provided for review does not indicate the patient has tried acupuncture in the recent past. The provider's request for 8 visits exceeds what is recommended by MTUS. MTUS recommends an initial trial of 3 to 6 visits therefore the request for Acupuncture: eight (8) visits two times a week for four weeks (2x4); cervical spine, lumbar spine, right knee, right ankle is not medically necessary and appropriate.

Chiropractic manipulation and adjunctive physiotherapy: eight (8) visits two times a week for four weeks (2x4), cervical spine, lumbar spine, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: This patient presents with neck, right shoulder, right elbow, low back, right knee, and right ankle pain. The provider is requesting chiropractic treatment 8 visits 2 times a week for 4 weeks. Utilization review modified the certification for acupuncture from the requested 8 visits to 6 visits stating "since acupuncture treatment has been approved, the active approach of physical therapy would be advisable here." MTUS Guidelines recommends manual therapy manipulation for chronic pain caused by musculoskeletal conditions. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement total of up to 18 visits over 6 to 8 weeks. MTUS recommends initial trial of 6 visits. The

provider's request for 8 visits exceeds what is recommended by MTUS therefore the request for Chiropractic manipulation and adjunctive physiotherapy: eight (8) visits two times a week for four weeks (2x4), cervical spine, lumbar spine, right knee is not medically necessary and appropriate.

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%, apply a thin layer to affected area 15 minutes before exercise of 30 grams as needed, 210grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CREAMS Page(s): 111.

Decision rationale: This patient presents with neck, right shoulder, right elbow, low back, right knee, and right ankle pain. The provider is requesting a topical cream that contains gabapentin 10%, dextromethorphan 10%, and amitriptyline 10%. The provider states the patient is to apply a thin layer to the affected area 15 minutes before exercise. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation therefore it is not medically necessary and appropriate.

Flubiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%, apply a thin layer to affected area three times a day of 30 grams, 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CREAMS Page(s): 111.

Decision rationale: This patient presents with neck, right shoulder, right elbow, low back, right knee, and right ankle pain. The provider is requesting a topical compound cream that includes Flurbiprofen 20%, Tramadol 20%, and Cyclobenzaprine 4%. The provider states the patient is to apply a thin layer to the affected area 3 times a day. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Tramadol is not tested for transdermal use with any efficacy. Furthermore, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation therefore it is not medically necessary and appropriate.