

Case Number:	CM14-0213288		
Date Assigned:	12/30/2014	Date of Injury:	09/11/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of September 11, 2013. A Utilization Review dated November 19, 2014 recommended non-certification of outpatient injection interlaminar epidural steroid injection (ESI) at C5-6; consultation with a general practitioner for abdominal pain, headaches, and insomnia; ongoing follow ups for bilateral knees, right shoulder, and bilateral ankles; physical therapy (PT) two (2) times a week times four (4) weeks for the cervical spine, thoracic spine, lumbar spine; follow up visit in six (6) weeks; and pharmacy purchase of Flexeril 7.5 mg number sixty (#60). A Progress Report dated October 22, 2014 identifies Current Complaints of neck pain diffusely over the neck, with most pain on the right side of the neck. Low back pain is mostly localized across the low back. He notes weakness in his legs. Flexeril is noted to relax his muscles, sleep longer at night, able to walk more, and do more stretches. Objective Findings identify tenderness to palpation in the cervical, thoracic, and lumbar spine diffusely, with limited range of motion. The sensation is diminished of the right C5 and C6 dermatomes. Positives slump test bilaterally. Spurling's bilaterally causes pain in the center of the neck and on the sides of the neck beneath the ear. Diagnoses identify HNP of the cervical spine at C5-6, cervical stenosis, cervical kyphosis, degenerative disc disease cervical spine, degenerative disc disease thoracic spine, degenerative disc disease lumbar spine, right shoulder rotator cuff tendonitis, right shoulder AC arthrosis, right wrist TFCC tear, left knee medial meniscus tear, right knee contusion, bilateral ankle arthralgia, bilateral inguinal pain, abdominal complaints, and headaches. Request for Authorization identifies #60 Flexeril 7.5 mg, interlaminar epidural steroid injection at C5-6, consultation with a general practitioner for

abdominal pain, headaches, and insomnia, ongoing follow-ups for bilateral knees, right shoulder, and bilateral ankles, physical therapy 2 times a week for 4 weeks for cervical spine thoracic spine, lumbar spine, and follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient injection interlaminar epidural steroid injection (ESI) at C5-C6: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for outpatient injection interlaminar epidural steroid injection (ESI) at C5-C6, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, physical examination findings do support a diagnosis of radiculopathy. However, there are no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment. In the absence of such documentation, the currently requested outpatient injection interlaminar epidural steroid injection (ESI) at C5-C6 is not medically necessary.

Consultation with a general practitioner for abdominal pain, headaches and insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127.

Decision rationale: Regarding the request for consultation with a general practitioner for abdominal pain, headaches and insomnia, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there is no indication that the treating physician requires additional expertise to treat the patient for the current conditions. There is no statement indicating what the consultation is specifically intended to address, or what has been done thus far to address the patient's complaints. In the absence of such documentation, the currently

requested consultation with a general practitioner for abdominal pain, headaches and insomnia is not medically necessary.

Ongoing follow ups with [REDACTED] for bilateral knees, right shoulder and bilateral ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127

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

Decision rationale: Regarding the request for ongoing follow ups with [REDACTED] for bilateral knees, right shoulder and bilateral ankles, California MTUS do not specifically address the issue. ODG cites that "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...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." Within the documentation available for review, there are no subjective or objective findings involving the body parts for which follow up visits are recommended for. In addition, there is no indication as to how many follow up visits are being requested. In light of the above issues, the currently requested ongoing follow ups with [REDACTED] for bilateral knees, right shoulder and bilateral ankles are not medically necessary.

Physical therapy two times a week times four weeks for the cervical spine, thoracic spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173; 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back and Low Back Chapters, Physical Therapy.

Decision rationale: Regarding the request for physical therapy two times a week times four weeks for the cervical spine, thoracic spine and lumbar spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of 6 physical therapy visits. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific

objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended for an initial trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy two times a week times four weeks for the cervical spine, thoracic spine and lumbar spine is not medically necessary.

Follow up visit in six weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127

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

Decision rationale: Regarding the request for a follow up visit in six weeks, California MTUS does not specifically address the issue. ODG cites that "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...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." Within the documentation available for review, it is noted that the patient is currently taking medications that warrant routine reevaluation for efficacy and continued need. As such, the currently requested follow up visit in six weeks is medically necessary.

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In light of this issue, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.