MAXIMUS Federal Services

Case Number:	CM14-0215165		
Date Assigned:	01/02/2015	Date of Injury:	03/20/2012
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 03/20/2012. The mechanism of injury was not stated. The current diagnoses include cervicobrachial syndrome, moderate shoulder impingement with tendinopathy/possible cuff tear, and lumbago/sacroiliac strain. The injured worker presented on 11/14/2014 with complaints of 7/10 increased pain in the cervical and lumbar spine, as well as the right shoulder with activity limitation. The injured worker was utilizing naproxen and cyclobenzaprine. Upon examination, there was an antalgic gait, mild torticollis to the right, positive head compression sign, positive Spurling's maneuver to the right, exquisite tenderness and muscle spasm, pain on scapular retraction, swelling/inflammation of the right levator scapulae, diminished bicep reflex, diminished bicep and wrist extensor strength, diminished sensation at the dorsum of the hand, tenderness in the sternoclavicular joint, tenderness at the anterior capsule and acromioclavicular joint, limited right shoulder range of motion, positive impingement sign, tenderness in the paraspinous musculature in the lumbar region on the left, midline tenderness in the lumbar spine, positive muscle spasm, limited lumbar range of motion, decreased pin sensation in the foot dorsum and posterolateral calf on the left, 2+ deep tendon reflexes in the lower extremities, left sacroiliac tenderness upon compression, positive sciatic nerve compression test, positive straight leg raise at 60 degrees bilaterally in the supine position, and positive seated straight leg raise at 50 degrees bilaterally. Recommendations at that time included an MRI of the right shoulder and cervical spine, electrodiagnostic studies of the bilateral lower extremities, a repeat MRI scan, 8 sessions of aquatic therapy, and a prescription for a compounded cream. A urinalysis was also performed to

monitor medication compliance. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. According to the documentation provided, the injured worker does have positive impingement symptom, positive impingement signs, and limited range of motion of the bilateral shoulders. However, there was no mention of an attempt at any recent conservative treatment for the bilateral shoulders prior to the request for an MRI. Previous therapy was described as passive in nature. There is no evidence of an active rehabilitation program for the right shoulder prior to the request for an imaging study. There was also not documentation of any red flag conditions or neurovascular or tissue insult. As the medical necessity has not been established, the request is not medically appropriate at this time.

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: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There was no evidence of a significant neurological deficit upon examination. There was no documentation of the emergence of any red flags for serious spinal pathology. There was no mention of a recent attempt at conservative treatment for the cervical spine prior to the request for an MRI. Given the above, the request is not medically appropriate.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious. In this case, the injured worker has diminished motor strength and decreased sensation on the left. While electrodiagnostic testing may be indicated for the left lower extremity, there were no sensory or motor deficits noted with regard to the right lower extremity. Given the above, the request is not medically appropriate at this time.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies. In this case, the injured worker has diminished motor strength and decreased sensation on the left. While an EMG may be indicated for the left lower extremity, Guidelines do not recommend an NCV. Additionally, there was no sensory or motor deficit noted with regard to the right lower extremity. Given the above, the request is not medically appropriate at this time.

8 aqua therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. There is no indication that this injured worker requires reduced weight bearing. There was no mention of a contraindication to land based physical therapy. There was also no specific body part listed in the current request. As such, the request is not medically appropriate.

Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor 10/14/10/0.375/5.2 % Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended. Muscle relaxants are also not recommended. The only FDA approved topical NSAID is diclofenac. Capsaicin in a 0.0375% formulation is not recommended, as there have been no studies of a 0.0375% formulation of capsaicin. Based on the California MTUS Guidelines, the request is not medically appropriate.

1 urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addition or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There was no mention of noncompliance or misuse of medication. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Given the above, the medical necessity has not been established. Therefore, the request is not medically appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There was no documentation of a progression or

worsening of symptoms or physical examination findings. The medical necessity for a repeat MRI of the lumbar spine has not been established. As such, the request is not medically appropriate.