

Case Number:	CM15-0004872		
Date Assigned:	01/16/2015	Date of Injury:	09/11/2014
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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 & Rehabilitation, 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:

The injured worker is a 52 year old female, who sustained an industrial injury on September 11, 2014. She has reported injury to her neck, back, bilateral shoulders, right ankle, right knee and right wrist. The diagnoses have included musculoligamentous strain of the cervical spine, stiff shoulder syndrome of the bilateral shoulders, musculoligamentous strain of the lumbar spine, compression contusion of the right ankle and right knee strain and sprain. Treatment to date has included diagnostic studies, physical therapy, crutches and medication. Currently, the injured worker complains of dull to sharp pain in the neck radiating to the right elbow, dull to sharp pain in the upper and lower back, dull pain in the right wrist, dull to sharp pain in the bilateral shoulders, dull pain in the right knee and dull to sharp pain in the right ankle. She also complained of headaches. Her pain increased with activity. An MRI of the cervical spine dated November 20, 2014 shows multilevel degenerative disc disease and facet joint arthropathy. An MRI of the lumbar spine dated November 20, 2014 shows mild degenerative disc disease and facet joint arthropathy. An MRI of the right shoulder dated November 20, 2014 shows osteoarthritic changes of the acromioclavicular joint with mild supraspinatus tendinopathy. An MRI of the right knee dated November 20, 2014 shows mild osteoarthritic changes with a tear of the posterior horn of the medial meniscus. A report dated October 27, 2014 states that the patient complains of right shoulder pain, neck pain, back pain, right knee pain, and right ankle pain. The mechanism of injury was a slip and fall. Treatment has consisted of 6 sessions of physical therapy and anti-inflammatory medication. Physical examination findings revealed tenderness to palpation in the cervical spine, weakness with right shoulder abduction testing, positive Hawkins

sign in the right shoulder, no tenderness to palpation over the right elbow, and normal right elbow examination. Lumbar spine examination reveals tenderness to palpation with decreased range of motion. The patient also has tenderness to palpation in the right knee with positive McMurray sign. Review of medical records indicates that a right wrist x-ray performed on September 17, 2014 was normal, a neck x-ray performed on September 11, 2014 showed mild degenerative disc disease, and ankle x-ray performed on September 11, 2014 was normal, a right foot x-ray performed on September 11, 2014 was normal, a right elbow x-ray performed on September 11, 2014 was normal, a thoracic spine x-ray performed on September 11, 2014 was normal, a lumbar spine x-ray performed on September 11, 2014 was normal, and a right knee x-ray performed on September 11, 2014 was normal. Diagnoses include cervical strain, lumbar strain, right ankle sprain, right knee sprain, and right shoulder sprain. The treatment plan recommends MRI of the right shoulder, right knee, neck, and back. A report dated November 20, 2014 recommends x-rays of the knees, ankles, shoulders, and wrists, MRI of the shoulder, right knee, cervical spine, lumbar spine, and wrists, physical therapy for the cervical spine, lumbar spine, right ankle, right knee, right shoulder, and wrists, and start medications. A progress report dated October 8, 2014 indicates that the patient is taking cyclobenzaprine, etodolac, and acetaminophen. On December 26, 2014, Utilization Review non-certified Cyclobenzaprine 7.5 milligrams, Naproxen 550 milligrams, Ultram 50 milligrams, cervical x-rays, lumbar x-rays, x-rays of bilateral wrists, x-rays of bilateral shoulder and x-rays of bilateral knees, noting the Medical Treatment Utilization Schedule and Official Disability Guidelines. Utilization Review modified a request for physical therapy 3x week for 6 weeks for lumbar spine, cervical spine, right shoulder, right wrist and right shoulder to 4 sessions, noting the Medical Treatment Utilization Schedule Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Cyclobenzaprine 7.5 milligrams, Naproxen 550 milligrams, Ultram 50 milligrams, cervical x-rays, lumbar x-rays, x-rays of bilateral wrists, x-rays of bilateral shoulder and x-rays of bilateral knees and physical therapy 3x week for 6 weeks for lumbar spine, cervical spine, right shoulder, right wrist and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating 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, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute

exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Naproxen 550 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, It appears this medication has recently been started for moderate to severe musculoskeletal pain. Therefore, a one month supply of medication is reasonable. However, ongoing use of this medication will require documentation of specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. As such, the currently requested Naproxen is medically necessary.

Ultram 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears this medicine it has recently been started. A one-month prescription to allow time for the physician to assess whether there is any analgesic benefit or objective functional improvement would be reasonable. However, the current request is open-ended and does not contain a frequency of use or duration of use, and unfortunately there is no provision to modify the current request. Open-ended prescriptions of narcotic pain medications are not supported by guidelines. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.

Lumbar X-Rays, seven views: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays)

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI and previous X-ray. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

Cervical X-Rays, seven views: 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 Chapter and Radiography Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Radiography

Decision rationale: Regarding request for cervical spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI and X-ray. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested cervical x-ray. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.

X-rays of the bilateral wrists: 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), Shoulder Chapter, Radiography Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268 and 272.

Decision rationale: Regarding the request for x-rays of bilateral wrists, California MTUS supports x-rays for red flag conditions such as fracture, dislocation, and osteoarthritis or after a 4-6 weeks period of conservative treatment when specific conditions such as a scaphoid fracture are suspected. They recommend against routine use for evaluation of forearm, wrist, and hand conditions. Within the documentation available for review, there is documentation that prior x-rays have been performed and there is no clear rationale identifying why new and/or repeat x-rays are needed rather than reviewing the x-rays that have apparently been performed previously. In light of the above issues, the currently requested x-rays of bilateral wrists are not medically necessary.

X-ray of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Shoulder Chapter, Radiograph.

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) Shoulder Chapter, Radiography

Decision rationale: Regarding the request for shoulder x-ray, Occupational Medicine Practice Guidelines state that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. ODG states that plane radiographs should be routinely ordered for patients with chronic shoulder pain. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI and X-ray. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested cervical x-ray. In the absence of clarity regarding those issues, the currently requested shoulder x-ray is not medically necessary.

X-ray of the bilateral knees: 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), Knee & Leg Chapter, Radiograph Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiographs

Decision rationale: Regarding the request for x-ray of bilateral knees, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They support the use of x-rays for joint diffusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, it appears the patient has undergone an x-ray and MRI previously. There is no indication as to how the patient's symptoms have changed or worsened since the time of the previous radiograph. Additionally, there is no indication that the current treating physician has reviewed those x-rays prior to requesting a repeat imaging study. Finally, it is unclear how the currently requested x-ray will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested repeat x-ray of bilateral knees is not medically necessary.

Physical therapy for the lumbar spine, cervical spine, right shoulder, and right wrist, three times weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for additional physical therapy, 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 physical therapy. 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 documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for some of the patients diagnoses and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.