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| <b>Case Number:</b>   | CM15-0106639 |                              |            |
| <b>Date Assigned:</b> | 06/03/2015   | <b>Date of Injury:</b>       | 01/14/1989 |
| <b>Decision Date:</b> | 06/05/2015   | <b>UR Denial Date:</b>       | 05/05/2015 |
| <b>Priority:</b>      | Expedited    | <b>Application Received:</b> | 06/02/2015 |

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 62 year-old female who has reported widespread pain and mental illness after several industrial injuries, with a listed injury date of 1/14/89. She has been diagnosed with fibromyalgia, temporomandibular joint syndrome, hypermobility syndrome, dysthymic disorder, somatoform disorder, shoulder tendinitis, dislocated biceps tendon, degenerative joint disease, lumbar pain, and rheumatoid arthritis (among other diagnoses). Treatment over the years has included chiropractic, physical therapy, medications, psychotherapy, dental surgery, acupuncture, pool therapy, and carpal tunnel releases. She has apparently continued to work, although at a less physically demanding occupation. The Agreed Medical Examination (AME) in 2006 noted long term prescribing of Effexor for pain and depression, and courses of physical medicine therapy intermittently for years. He recommended future physical therapy for flare-ups and continued medications, among other things. The shoulder was not among his recommendations for treatment. Physical therapy reports show courses of physical therapy in 2011, 2012, 2013, 2014, and 2015. The injured worker attended at least 6 visits of physical therapy, including treatment of the shoulder, during December 2014 and January 2015. Reports from the primary treating physician are from 2011 to 2015. Those reports reflect ongoing, widespread pain. Effexor was prescribed chronically for depression. Shoulder pain was mentioned in 2011 and an MRI was prescribed. Apparently the MRI was not performed. Specific shoulder signs and symptoms were not described adequately. Physical therapy was prescribed for pain flare-ups in 2011, 2012, 2013, 2014, and 2015. As of 2/3/15 the depression was worse and Effexor was less effective. Cymbalta was to be substituted for Effexor. Due to side effects,

Effexor and Wellbutrin were prescribed at the next visit. None of the treating physician reports address the specific functional benefit from physical therapy. Pain relief and non-specific functional improvement are mentioned as results of physical therapy. On 4/14/15 antidepressants were discussed, with evidence of benefit. Right shoulder pain was present with playing tennis. There was a history of a "chronic rotator cuff tear" and a remote MRI. The shoulder region was tender and range of motion was globally mildly reduced. The treatment plan included physical therapy for the shoulder, a shoulder MRI, Effexor, transcutaneous electrical nerve stimulation (TENS), and joining a gym. The appeal letter of 5/5/15 noted the benefit of past physical therapy, the use of TENS for chronic pain, the possible referral to a surgeon in lieu of the MRI, and the efficacy and need for ongoing Effexor. On 5/5/15 Utilization Review non-certified the shoulder MRI, physical therapy, TENS, and the gym membership. Effexor was partially certified. The requests were noted to be not in accordance with the recommendations of the cited MTUS and Official Disability Guidelines. On 5/14/15 Utilization Review non-certified these requests on appeal. These Utilization Reviews did not address the medical necessity for bupropion. The injured worker submitted an appeal dated 6/2/15. She included mentions of neuropathic pain, depression, dependence on antidepressants to control symptoms and continue working, need for physical therapy for pain and because a judge ordered it, an MRI that was needed due to chronic pain and modern imaging abilities, exercise and pool therapy for fibromyalgia, and need for naltrexone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 MRI of the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

**Decision rationale:** The MTUS-ACOEM Guidelines, pages 207-9, discuss the criteria for imaging of the shoulder. Special studies are not needed unless there has been a 4-6 week period of conservative care. Exceptions to this rule include the specific bony pathology listed on page 207, and neurovascular compression. Page 200 of the ACOEM Guidelines describes the components of the clinical evaluation of the shoulder. The necessary components of the shoulder examination described in the MTUS are not present. The available reports do not adequately explain the kinds of conservative care already performed. The injured worker currently has non-specific, non-articular, regional pain, which is not a good basis for performing an MRI. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the MTUS. The presence of chronic pain or a patient request for an MRI are not sufficient indications for an MRI. The MRI is not medically necessary based on the MTUS recommendations.

#### **8 Physical therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9; 98-99.

**Decision rationale:** Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has stated that the current physical therapy prescription is for treating pain. No other specific indication is given. As noted in the MTUS, the goal of all treatment for chronic pain is functional improvement, not elimination of pain. One of the defining criteria for functional improvement per the MTUS is decreasing dependency on medical care and self-management of pain. That sort of goal does not appear to be present in this physical therapy prescription. The current physical therapy prescription exceeds the quantity recommended in the MTUS, as the injured worker has attended far more than 10 visits of physical therapy over the last few years. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of specific functional improvement from prior physical therapy. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. The physical therapy will use or even rely on passive modalities, as per the prior courses of physical therapy. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in specific functional improvement as defined in the MTUS. This review notes that treatment in this case has historically included as-requested courses of physical therapy, at least in part due to the recommendations of the AME. None of the prior physical therapy recommendations, including those of the AME, were supported by references to the MTUS or an equivalent guideline.

**1 trial and rental of a TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** No physician reports address the specific medical necessity for a TENS unit in light of the MTUS recommendations. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not likely to be present in this patient per the physician reports. Other recommendations, including specific components of the

treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary. It is appreciated that the treating physician wishes to assist this injured worker in treating the chronic pain via a TENS unit, but the current treatment plan does not adequately address the recommendations of the MTUS.

**Unknown prescription of Effexor XR 225mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Anti-Depressants and chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors), SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 60; 13-16; 107; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

**Decision rationale:** Per the MTUS, SNRI antidepressants like Effexor may be indicated for some kinds of chronic pain. Per the Official Disability Guidelines citation above, antidepressants are an option for treating depression. This injured worker has been taking Effexor for many years, with physician reports describing specific necessity and benefit. The injured worker's appeal also provides further information regarding the need for and benefit from this medication. The Utilization Review did not adequately consider these guidelines as well as the clear medical necessity evident in the appeals and historical records. Given the years of using Effexor, it is likely that it will be needed for years to come. With this in mind, the request for this medication which lacks quantity is medically necessary. It has been demonstrated that Effexor is prescribed appropriately and can be expected to continue in that manner.

**1 Complementary and alternative medicine gym membership: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Physical Medicine, Exercise Page(s): 99; 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Knee chapter, Gym memberships.

**Decision rationale:** The MTUS recommends progression to home exercise after supervised active therapy. "Home" exercise is recommended, not a gym. The treating physician has provided no formal exercise program, no discussion of specific activities which require attendance at the gym, and no plan for monitoring of gym activities. There are no medical reports

which provide a satisfactory explanation why a gym membership is necessary rather than exercise performed elsewhere. There are no necessary exercises for the back, neck, or shoulders which can only be performed in the gym. Medical necessity, if any, is based on the requirement that this or any other patient must have access to specific exercise modalities only available in the gym. The ACOEM Guidelines, pages 298ff, do not make any recommendation for gym memberships as treatment for low back conditions. Back-specific exercise machines are specifically "Not Recommended" in the ACOEM Guidelines page 309. The MTUS for chronic pain does not provide direction for using a gym, although it does state that no specific exercise is better than any other for chronic pain. The Official Disability Guidelines, cited above, state that gym memberships are "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." None of these criteria have been met in this case. The gym membership is therefore not medically necessary.