

Case Number:	CM15-0117037		
Date Assigned:	06/30/2015	Date of Injury:	03/05/2005
Decision Date:	10/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/17/2015

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:

This 64-year-old female sustained an industrial injury to the neck via cumulative trauma from 3/11/05 to 5/10/12. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, chiropractic therapy, acupuncture, epidural steroid injections, injections, cervical collar and medications. Magnetic resonance imaging of the brain (6/4/15) showed mild early chronic microvascular ischemic changes but no acute process. In a neurosurgery new patient consultation dated 3/3/15, the injured worker complained of headaches, episodes of positional vertigo and dizziness associated with imbalance and loss of equilibrium, episodes of left facial numbness and tingling, difficulty keeping her eyes open and feeling as if she was about to faint or black out frequently. The injured worker reported that her eyelids closed spontaneously. The injured worker also complained of neck pain with radiation to the left arm associated with paresthesia, burning, electricity, cramping and weakness and low back pain with radiation to the left buttock and leg. The injured worker stated that she was now having trouble with her memory and ability to sleep. The injured worker reported being depressed and anxious. Physical exam was remarkable for slurred speech with anomia, decreased memory, tremor of the head and left arm, positive Tinel's at the left wrist and mildly at the left elbow, positive straight leg raise bilateral and hypoactive deep tendon reflexes throughout. The injured worker's head spontaneously tilted to the left. The injured worker had limited range of motion to the cervical spine. Electromyography/nerve conduction velocity test showed chronic left C8 radiculopathy and bilateral carpal tunnel syndrome. Current diagnoses included occipital neuralgia, dystonia cervical, left arm with tremor, cervical spine radiculopathy, left arm pain, carpal tunnel syndrome, lumbar radiculopathy, cognitive difficulties, sleep impairment, emotional distress, dizziness, vertigo and imbalance. The treatment plan included electromyography/nerve

conduction velocity test bilateral upper and lower extremities, videonystagmogram, electroencephalogram, formal neurocognitive evaluation, psychological evaluation, a sleep study, magnetic resonance imaging of the brain, computed tomography spinal cord stimulator, a trial of occipital block injections, a trial of medications (Neurontin, Cyclobenzaprine and topical creams: Cyclobenzaprine 10%, Tramadol 20% cream and Flurbiprofen), Cyclobenzaprine a trial of aquatic therapy, a home interferential unit trial, urine toxicology screening, computed tomography of the chest, Botox injections, laboratory studies and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Topical Analgesics.

Decision rationale: Regarding the request for topical compound containing cyclobenzaprine and gabapentin. Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested compound cream containing cyclobenzaprine is not medically necessary.

Flurbiprofen ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for topical Flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Flurbiprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical Flurbiprofen is not medically necessary.

Tramadol 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: With regard to the request for a Tramadol topical cream, the guidelines state that the topical Tramadol is not recommended, as there is a paucity of evidence to support its clinical efficacy. Neither the CA MTUS, ACOEM, nor ODG have any provisions for this topical compound. Given this, the current request is not medically necessary.

Urine toxicology test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of completion urine drug screen on 3/11/2015 and 5/8/2015. However, there is no risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation and Other Medical Treatment Guidelines ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 37-138.

Decision rationale: Regarding request for functional capacity evaluation, ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional / secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical

reporting, or injuries that would require detailed exploration. Given this, the currently requested functional capacity evaluation is not medically necessary.

Cognitive study: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alzheimer's Association Online (<http://www.alz.org/health-care-professionals/cognitive-tests-patient-assessment.asp>).

Decision rationale: Regarding the request for cognitive testing, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that cognitive testing is indicated for individuals with memory concerns or other cognitive complaints. Non-memory triggers include personality change, depression, deterioration of chronic disease without explanation, and falls or balance issues, informant reports of cognitive impairment, with or without patient concurrence, and Medicare beneficiaries, as part of the Annual Wellness Visit. Within the submitted documentation, there is documentation of completion of cognitive study including calculation, judgment, abstraction, memory testing, and serial 7s. As such, there is no clear indication for additional cognitive testing and the provider did not specify what additional testing is needed at this time. Therefore, this request is not medically necessary.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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

Decision rationale: Regarding the request for one sleep consult/study, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above-mentioned symptoms, is not recommended. Within the documentation available for review, there is documentation of insomnia and headache complaints. However, there is no documentation of excessive daytime somnolence, cataplexy, sleep-related breathing disorder or suspected periodic limb movement disorder, or insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the currently requested one sleep consult/study is not medically necessary.

CT scan of the chest: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, CT Scan of Chest and Other Medical Treatment Guidelines UpToDate Online, High Resolution CT Chest.

Decision rationale: Regarding the request for CT scan of the chest, the CA MTUS and ACOEM do not directly address this issue. The ODG has some guidelines on CT scan to be used in the context of chronic cough due to a suspected airway tumor, lung cancer screening those with suspicious historical factors, and evaluation of pulmonary nodules identified on chest x-ray. UpToDate Online, an evidenced based database, states that CT of the chest (high resolution) may be particularly useful in the following settings: "It can detect lung disease in symptomatic patients with a normal chest radiograph. It can provide an accurate assessment of the pattern, distribution, and to a lesser degree, assess the activity and potential reversibility of diffuse lung disease. It demonstrates a high correlation between radiographic and histopathologic appearances. In patients with non-diagnostic findings on chest radiography, it can provide a more specific diagnosis or exclude certain diseases. It can be used to determine the type and site of lung biopsy. It can be used to detect or evaluate specific problems or diagnoses, such as metastatic lesions, solitary pulmonary nodules, emphysema, bullous lung disease, bronchiectasis, and diffuse parenchymal disease." In the case of this injured, there is absence of documentation of respiratory symptoms that would warrant further work-up. In addition, a prior chest x-ray, which would be a test of first choice, is not available for review. Given these factors, this request is not medically necessary.

Occipital block injections: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater occipital nerve block (GONB).

Decision rationale: Regarding the request for bilateral occipital nerve blocks, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. Within the documentation available for review, it appears the patient has occipital neuralgia. However, it is unclear if the patient has ever had a prior occipital nerve blocks. There is no documentation of objective functional improvement, analgesic response, or duration of efficacy as a result of those injections. In light of the above issues, the currently requested occipital nerve blocks are not medically necessary.

Left arm sympathetic block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, CRPS, sympathetic blocks (therapeutic).

Decision rationale: Regarding the request for stellate ganglion injections, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is no indication that the Budapest criteria have been evaluated for and fulfilled, and there is no documentation that an appropriate diagnostic block with subsequent skin measurement, and motor and sensory testing, has been performed. In the absence of such documentation, the currently requested stellate ganglion injections are not medically necessary.

Dizziness test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Online (<http://www.uptodate.com/contents/approach-to-the-patient-with-dizziness?source=machineLearning&search=dizziness+testing&selectedTitle=1~150§ionRank=1&anchor=H2#H2>).

Decision rationale: Regarding the request for dizziness testing, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that certain features of nystagmus may suggest a central versus a peripheral cause of vertigo. The Barany or Dix-Hallpike maneuver involves moving the patient rapidly from the sitting to the lying position with the head tilted downward off the table at 45 degrees and rotated 45 degrees to one side. This is a key diagnostic test for benign paroxysmal positional vertigo, and has an 80 percent sensitivity for this specific condition. The supine roll test for lateral semicircular canal-related vertigo may be performed in patients with a compatible history but a negative Dix-Hallpike maneuver. Within the submitted documentation, it does not appear that the provider has completed these tests that can easily be performed in a clinic setting. Furthermore, it is unclear what type of dizziness testing the provider is ordering. As such, the currently requested dizziness testing is not medically necessary.

X-ray of the cervical spine to include flexion/extension: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. 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, the patient has had a previous cervical x-ray indicating good placement of plate and grafts. The provider ordered both x-ray and CT of the cervical spine, without providing the rationale for the need of both studies. 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, this request is not medically necessary.

Electroencephalogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, EEG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Royal Children's Hospital Melbourne Online (http://www.rch.org.au/neurology/professionals/EEG_pre-referral_guidelines/).

Decision rationale: Regarding the request for EEG test, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that the indication of EEG are to confirm a clinical suspicion of epilepsy after careful clinical evaluation, to assist in predicting seizure recurrence risk after a first unprovoked (epileptic) seizure, to determine the type of seizure (focal or generalized) or epilepsy, to allow an epilepsy syndrome diagnosis, to assist in choosing an antiepileptic medication, and (rarely) to monitor treatment of epilepsy. Within the submitted documentation, there is no history of seizure disorder, no documentation of new onset seizure activities, and no documentation of loss of consciousness or black outs. A recent progress note even specified that the patient denied any seizure like symptoms. As such, the medically necessity of the EEG is not established.

CT of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Computed tomography (CT).

Decision rationale: Regarding the request for cervical CT, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend CT for patients with known or suspected spine trauma with normal plain radiographs. Within the documentation available for review, the patient has had a MRI of the cervical spine in 2/2014 and EMG finding of left C8 radiculopathy. There is no statement indicating what medical decision-making will be based upon the outcome of the currently requested CT scan. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the last MRI imaging and EMG study. In the absence of clarity regarding those issues,

the currently requested repeat cervical spine CT is not medically necessary.

Blood test, H Pylori: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quest Diagnostics Online (<http://www.questdiagnostics.com/testcenter/TestDetail.action?ntc=29407>).

Decision rationale: Regarding the request for H pylori blood test, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that colonization with H. Pylori is associated with risk of patients developing gastritis, peptic ulcer disease, and gastric adenocarcinoma. Serologic testing is recommended only for symptomatic patients. H. Pylori IgG may be detected for years in infected individuals, even after successful antibiotic treatment. Negative antibody tests indicate absence of current and potentially past infection. Antibody tests are not recommended after treatment of H. pylori. Stool antigen and urea breath tests are effective in identifying present infection. Within the submitted documentation, the patient has complaints of abdominal pain, nausea. However, the patient did not have any objective findings to suggest peptic ulcer disease. Furthermore, there is no mention of what conservative treatment the patient has tried and failed to warrant further workup of abdominal pain and nausea. As such, the currently requested H pylori blood serology test is not medically necessary.