

<b>Case Number:</b>	CM15-0123702		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/21/2015
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 year old female, who sustained an industrial injury on 4/21/2015. The mechanism of injury is injury from cumulative trauma. The current diagnoses are cervical spine sprain/strain and lumbar spine sprain/strain. According to the progress report dated 5/19/2015, the injured worker complains of neck and low back pain. The level of pain is not rated. On 5/7/2015, she rated her pain 6/10 on a subjective pain scale. The physical examination of the cervical spine reveals midline posterior tenderness, bilateral muscle spasms, and restricted and painful range of motion. Examination of the lumbar spine reveals midline tenderness with painful and restricted range of motion. The current medications are Naproxen. Treatment to date has included medication management and x-rays. Preliminary interpretation of the lumbar/thoracic spine x-rays were normal. On 5/7/2015 the injured worker was advised to return to work without restrictions. However, as of this visit, she is deemed totally temporarily disabled. A request for MRI of the cervical/lumbar spine, EMG/NCV of the bilateral upper/lower extremities, functional capacity evaluation, urine analysis, 16 chiropractic sessions to the back, 16 physical therapy sessions to the back, 8 acupuncture sessions to the cervical/lumbar spine, TENS unit, back brace, topical compound cream, x-ray of the cervical/lumbar spine, and Theramine, has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Per the CA ACOEM Medical Treatment Guidelines relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. In this case, the submitted medical records failed to provide adequate clinical findings and/or presence of red flags to support diagnostic imaging of the cervical spine. Therefore, based on ACOEM guidelines and submitted medical records, the request for MRI of the cervical spine is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

**Decision rationale:** According to the CA ACOEM Medical Treatment Guidelines, special diagnostic studies are for patients presenting with true neck or upper back problems. Special studies are not needed unless a three-or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the submitted medical records failed to provide adequate clinical findings and/or presence of red flags to support diagnostic imaging of the cervical spine. Therefore, based on ACOEM guidelines and submitted medical records, the request for MRI of the cervical spine is not medically necessary.

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** The CA ACOEM Medical Treatment Guidelines state that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. An EMG is recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging studies are consistent, and not recommended for clinically obvious radiculopathy confirmed by imaging. In this case, the submitted medical records failed to provide adequate clinical findings to support electrodiagnostic studies of the bilateral upper extremities. Therefore, based on ACOEM guidelines and submitted medical records, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**Decision rationale:** According to the CA ACOEM Medical Treatment Guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. An EMG is not recommended for clinically obvious radiculopathy. In this case, the submitted medical records failed to provide adequate clinical findings to support electrodiagnostic studies of the bilateral lower extremities. Therefore, based on ACOEM guidelines and submitted medical records, the request for EMG/NCV of the bilateral lower extremities 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4- 5, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty/ Functional capacity evaluation (FCE).

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, a functional capacity evaluation may be required for entry into a work conditioning and/or work hardening program. The MTUS also states that to determine fitness for duty, it is often necessary

to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as "Prior unsuccessful RTW attempts." Conflicting medical reporting on precautions and/or fitness for modified job. "Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate": Close or at MMI/all key medical reports secured. "Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore the request for functional capacity evaluation is not medically necessary at this time.

**Urine analysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77-78.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, screen patients with issues of abuse, addiction, or poor pain control. The guidelines suggest that if there is suspected issues of abuse, addiction, or poor pain control, the treating physician may consider a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the guidelines recommend a urine drug screening for on-going management of opioid therapy. However, the submitted medical records failed to provide documentation that the injured worker is on opioid therapy. As such, based on CA MTUS guidelines and submitted medical records, the request for urine drug screen is not medically necessary.

**RPT/Chiro x 16 to the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** Per the CA MTUS ACOEM Medical Treatment Guidelines, manipulation is a treatment option during the acute phase of injury, and manipulation should not be continued for more than a month, particularly when there is not a good response to treatment. Per the CA MTUS Chronic Pain Medical Treatment Guideline, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. In this case, the quantity of chiropractic sessions prescribed (16) exceeds the 6 initial visits recommended in the MTUS. Therefore, based on CA MTUS guidelines and submitted medical records, the request for 16 chiropractic sessions to the back is not medically necessary.

**Physical therapy x 16 to the back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** The CA ACOEM Medical Treatment Guidelines note that physical methods can be added if the response to treatment with non-prescription analgesics does not adequately relieve symptoms and activity limitations. Physical methods include stretching, low back exercises, at home cold and heat, aerobic exercise, and 1-2 visits for education, counseling, and evaluation of home exercise. In this case, the submitted medical records failed to provide documentation regarding the injured workers response to oral analgesics. Additionally, there is insufficient evidence of a current treatment plan that is focused on "functional restoration" rather than pain relief. Furthermore, the current prescription for 16 visits exceeds the ACOEM recommendations. Therefore, based on ACOEM guidelines and submitted medical records, the request for 16 physical therapy sessions to the back is not medically necessary.

**Acupuncture x 8 to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the CA MTUS Acupuncture Medical Treatment Guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the MTUS recommends an initial trial of 3-6 visits. In this case, the submitted medical records failed to provide documentation that the injured workers oral pain medication was reduced or not tolerated. Furthermore, the 8 sessions prescribed exceed the MTUS recommendations. Therefore, based on

the Acupuncture guidelines and submitted medical records, the request for 8 acupuncture sessions to the cervical/lumbar spine is not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS: Documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals should be established. In this case, the submitted medical records failed to provide documentation of pain for at least three months duration and/or evidence that other appropriate pain modalities have been tried (including medication) and failed. These are necessary to meet the CA MTUS guidelines. In addition, the guidelines recommend the use of a TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach. Therefore, based on CA MTUS guidelines and submitted medical records, the request for a TENS unit is not medically necessary.

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to the CA ACOEM Medical Treatment Guidelines, a lumbar support (corset) is not recommended for the treatment of low back disorders. Additionally, they have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the submitted medical records failed to provide evidence of instability or recent surgery to support the use of a lumbar brace. The guidelines note that a lumbar support (corset) is not recommended for the treatment of low back disorders. Therefore, based on CA ACOEM and submitted medical records, the request for back brace is not medically necessary.

**Gabapentin/Amitriptyline/Dextromethorphan 15/4/10% 180gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the CA MTUS, Gabapentin is not recommended, as there is no peer-review literature to support its use. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. The guidelines suggest that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, and Gabapentin is not recommended, as there is no peer-review literature to support its use. Therefore, based on CA MTUS guidelines and submitted medical records, the request for topical compound application is not medically necessary.

**Cyclobenzaprine/Flurb 2% 25% 180gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, Flurbiprofen agent is not currently FDA approved for a topical application, and with Cyclobenzaprine, there is no evidence for use of any other muscle relaxant as a topical product. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen agent is not currently FDA approved for a topical application. Therefore, based on CA MTUS guidelines and submitted medical records, the request for topical compound application is not medically necessary.

**X-ray of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The CA ACOEM Medical Treatment Guidelines recommend initial radiological studies of the neck and upper back when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. In this case, the submitted medical records failed to provide clinical findings and/or presence of red flags to support diagnostic imaging of the cervical spine. Therefore, based on ACOEM guidelines and submitted medical records, the request for x-ray of the cervical spine is not medically necessary.

**X-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to the CA ACOEM Medical Treatment Guidelines, lumbar spine 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 six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the submitted medical records failed to provide clinical findings and/or presence of red flags to support diagnostic imaging of the lumbar spine. Therefore, based on ACOEM guidelines and submitted medical records, the request for x-ray of the lumbar spine is not medically necessary.