

Case Number:	CM15-0125230		
Date Assigned:	07/09/2015	Date of Injury:	11/14/2014
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Florida, California

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 54 year old female who sustained a work related injury November 14, 2014. While cleaning a floor, she got up and hit the right side of her forehead and received a few stitches. An MRI of the cervical spine performed June 9, 2015, (report present in the medical record) revealed straightening of the expected cervical lordosis as well as levoconvex scoliosis of the cervicothoracic junction attributable to muscle spasm versus positioning; C5-6 central disc protrusion superimposed on more chronic changes with cord indentation to flattening, central canal, and prominent neural foraminal stenosis; C6-7 multifactorial changes with cord flattening and central canal stenosis with prominent neural foraminal stenosis, age of changes unknown. Electrodiagnostic studies performed June 17, 2015, revealed abnormalities involving the bilateral sixth and seventh cervical nerve roots. A primary treating physician's report, dated June 16, 2015, found the injured worker presenting with complaints of neck pain with headaches, rated 7/10, radiating to the right upper extremity. Some handwritten notes are difficult to decipher. Diagnosis is documented as cervical degenerative disc disease. At issue, is the request for authorization for physical therapy, right C5 C6 epidural steroid injection, Diclofenac, and Tegretol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2014 with a laceration and stitches to the forehead. An MRI of the cervical spine showed a C5-6 central disc protrusion. Electrodiagnostic studies performed June 17, 2015, revealed abnormalities involving the bilateral sixth and seventh cervical nerve roots. As of June 2015, there was neck pain with headaches, rated 7/10, radiating to the right upper extremity. Some handwritten notes are difficult to decipher. Diagnosis is documented as cervical degenerative disc disease. Past therapy and outcomes is not known. Dermatomal findings on a neurologic exam corresponding to the MRI findings are not noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.

Right C5, C6 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127. Decision based on Non-MTUS Citation ODG, Neck section, under Epidural Steroid Injection.

Decision rationale: As shared, this claimant was injured in 2014 with a laceration and stitches to the forehead. An MRI of the cervical spine showed a C5-6 central disc protrusion. Electrodiagnostic studies performed June 17, 2015, revealed abnormalities involving the bilateral sixth and seventh cervical nerve roots. As of June 2015, there was neck pain with headaches, rated 7/10, radiating to the right upper extremity. Some handwritten notes

are difficult to decipher. Diagnosis is documented as cervical degenerative disc disease. Past therapy and outcomes is not known. Dermatomal findings on a neurologic exam corresponding to the MRI findings are not noted. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the Official Disability Duration guidelines, another evidence-based guide, does not support these injections in the neck as studies demonstrate that risk to the patient far exceeds benefit. The request is not medically necessary.

Diclofenac 75mg twice daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines and ODG, pain section, under Diclofenac Page(s): 67.

Decision rationale: As previously noted, this claimant was injured in 2014 with a laceration and stitches to the forehead. An MRI of the cervical spine showed a C5-6 central disc protrusion. Electrodiagnostic studies performed June 17, 2015, revealed abnormalities involving the bilateral sixth and seventh cervical nerve roots. As of June 2015, there was neck pain with headaches, rated 7/10, radiating to the right upper extremity. Some handwritten notes are difficult to decipher. Diagnosis is documented as cervical degenerative disc disease. Past therapy and outcomes is not known. Dermatomal findings on a neurologic exam corresponding to the MRI findings are not noted. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest dose, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Also, regarding Diclofenac, the ODG notes: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request is not medically necessary.

Tegretol 200mg 1/2 tablet by mouth twice daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a682237.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Tegretol.

Decision rationale: As shared, this claimant was injured in 2014 with a laceration and stitches to the forehead. An MRI of the cervical spine showed a C5-6 central disc protrusion. Electrodiagnostic studies performed June 17, 2015, revealed abnormalities involving the bilateral sixth and seventh cervical nerve roots. As of June 2015, there was neck pain with headaches, rated 7/10, radiating to the right upper extremity. Some handwritten notes are difficult to decipher. Diagnosis is documented as cervical degenerative disc disease. Past therapy and outcomes is not known. Dermatomal findings on a neurologic exam corresponding to the MRI findings are not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Per the Physician Desk Reference, this medicine is used for seizure disorder, trigeminal neuralgia, and bipolar disorder. The claimant has none of these conditions documented. The request is not medically necessary.