MAXIMUS Federal Services

Case Number:	CM15-0033526		
Date Assigned:	02/27/2015	Date of Injury:	11/15/2012
Decision Date:	06/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York
Certification(s)/Specialty: Pediatrics, 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 58-year-old male, who sustained an industrial injury on 11/15/12. He has reported pain t head, back, neck and upper extremities. The diagnoses have included lumbosacral disc disease, left shoulder supraspinatus tendinosis partial tear, bilateral knee medial/lateral meniscus degeneration, right knee cyst, cervical spine disc disease and bilateral wrist carpal tunnel syndrome. Treatment to date has included physical therapy, oral medications and topical medications. Currently, the injured worker complains of pain in shoulders, neck, low back, wrists and knees. Physical exam noted tenderness to the C5-7, T8-12, L3-5 and bilateral subacromial bursa, bilateral medical/lateral joint line of the knees and bilateral volar carpal ligament with decreased in range of motion. He stated he has spasms and swelling and feels worse without the therapy. On 2/4/15, Utilization Review non-certified functional capacity exam, noting there is no indication the injured worker planned to participate in work hardening program; (MRI) magnetic resonance imaging of head, noting no neurological deficits; (MRI) magnetic resonance imaging of cervical spine, noting lack of documentation of neurological deficits; (MRI) magnetic resonance imaging of bilateral shoulders, noting no indications of any red flags and Gabapentin 10%, amitriptyline 0%, Bupivacaine 5%, Flurbiprofen 20%, Dexamethasone 2, Menthol 2%, Camphor 0.25% cream 3 times per day, noting the requested medication has at least one medication not recommended for topical use. The MTUS, ACOEM Guidelines and ODG were cited. On 2/23/15, the injured worker submitted an application for IMR for review of functional capacity exam, (MRI) magnetic resonance imaging of head, (MRI) magnetic resonance imaging of cervical spine, (MRI) magnetic resonance imaging of bilateral shoulders and Gabapentin 10%, amitriptyline 0%, Bupivacaine 5%, Flurbiprofen 20%, Dexamethasone 2, Menthol 2%, Camphor 0.25% cream 3 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition 9web), Fitness for Duty, Functional Capacity Evaluation (FCE).

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 - Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. There is no notation in the medical record that the IW was returning to work. The request is not medically necessary and appropriate.

Magnetic Resonance Imaging (MRI) Head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), Head.

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

Decision rationale: Per ODG guidelines, indications for magnetic resonance imaging are to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. The documentation does not indicate that the IW had issues with loss of consciousness or neurologic deficits. The request is not medically necessary.

Magnetic Resonance Imaging (MRI) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: Per ACOEM guidelines 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. The documentation shows that the IW is neurologically intact, and there is no mention of possible surgery. The request is not medically necessary.

Magnetic Resonance Imaging (MRI) Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: Per ACOEM guidelines the primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The documentation shows that the IW is neurologically intact, and there is no mention of possible surgery. The request is not medically necessary.

Gabapentin 10%, Amitripyline 10%, Bupivaccine 5%, Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2% Camphonr 2%, Capsaicin 0.25% cream; apply 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

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

Decision rationale: Dexamethasone, bupivaccine, amitripyline, flurbiprofen, gabapentin, and baclofen are not FDA approved for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Even though menthol, camphor, and capsaicin are approved for topical use in patients who are intolerant to other treatments this cannot be approved due to other components in the compound. This request is not medically necessary and not reasonable.