

<b>Case Number:</b>	CM15-0047765		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

### 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 31-year-old male who reported an injury on 02/25/2012 due to an unspecified mechanism of injury. On 05/17/2013, he presented for an evaluation and review of his medical records. His chief complaints included headaches rated at a 4/10, episodes of generalized seizures, frequent pain and numbness into both hands, painful movements of the bilateral knees, neck and lower back pain, and sleep difficulty. His medications at the time included Dilantin, Keppra, and other unspecified medications for pain and inflammation. On examination, range of motion was limited in the cervical and lumbar spine and there were multiple myofascial trigger points with taut bands noted throughout. The bilateral knees also showed decreased range of motion. Sensation was decreased in all digits of the bilateral hands. It was recommended that the injured worker undergo an EMG/NCV study to evaluate pain and numbness of his bilateral hands and he was prescribed tramadol, topiramate, and mirtazapine. It was also recommended that he attend aquatic therapy exercise. The most recent clinical note provided was dated 01/19/2015 and showed that the injured worker continued to complain of pain in the above mentioned areas. On examination, cervical range of motion was noted to be normal with no evidence of muscle spasms or tenderness. Shoulder range of motion was noted to be normal with no evidence of tenderness and the elbows were noted to be normal with no tenderness. The bilateral wrists were within normal limits, as well. He had 4+ deep tendon reflexes and a positive Tinel's sign at the bilateral wrists. He was diagnosed with repetitive strain and carpal tunnel syndrome of the bilateral hands and wrists, a lumbosacral strain, and bilateral knee chondromalacia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 Pharmacologic assessment & management DOS: 5/17/2013:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** According to the Official Disability Guidelines, office visits should be determined based on a review of the patient's signs and symptoms, clinical condition, and physical examination findings. Documentation submitted for review does not indicate that the injured worker had any concerning clinical examination findings or physical examination findings to support the medical necessity of the pharmacologic assessment and management visit on 05/17/2013. Also, it is unclear when the injured worker had previously seen a physician for pharmacologic assessment and management and without this information, the requested date of service would not be supported. Without a clear rationale for the medical necessity of the request, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Retrospective request for Tramadol APAP 37.5/325mg #90 DOS: 5/17/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER) and Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided failed to show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support the prescription on this date of service. Without documentation showing efficacy of the prescribed medication, the request would not be supported by the evidence-based guidelines. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Retrospective request for 12 pool therapy sessions between 6/21/2013 and 8/20/2013:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 98, 303 and 340.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy when reduced weight bearing is desirable. The documentation submitted does not indicate that the injured worker was unable to perform land-based physical therapy and the request for aquatic therapy is unclear and would not be supported. Also, the number of sessions requested exceeds the guideline recommendations for 9 to 10 visits over 8 weeks for myalgia and myositis, unspecified and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. Furthermore, the area that pool therapy was directed for was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Retrospective request for EMG/NCV of bilateral upper extremities DOS: 6/8/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 261.

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

**Decision rationale:** The California MTUS Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. The documentation provided does not indicate that the injured worker was to undergo surgery or that he had failed all conservative treatment options other than medications, such as physical therapy, to support the medical necessity of electrodiagnostic studies. Also, there is no indication that the injured worker had neurological deficits in a specific dermatomal or myotomal distribution. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Retrospective request for 1 pharmacological assessment and management DOS: 7/19/2013: 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) Pain, Office Visits.

**Decision rationale:** According to the Official Disability Guidelines, office visits should be determined based on a review of the patient's signs and symptoms, clinical condition, and physical examination findings. Documentation submitted for review does not indicate that the injured worker had any concerning clinical examination findings or physical examination findings to support the medical necessity of the pharmacologic assessment and management visit on 07/19/2013. Also, it is unclear when the injured worker had previously seen a physician for pharmacologic assessment and management and without this information, the requested date of service would not be supported. Without a clear rationale for the medical necessity of the request, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Retrospective request for MRI of the bilateral knees DOS: 8/6/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The requested MRI of the bilateral knees is not supported. The documentation provided does not indicate that the injured worker had recently undergone conservative therapy or that he had joint effusion within 24 hours of direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately or the inability to flex the knee to 90 degrees. The California MTUS/ACOEM Guidelines indicate that the above-mentioned criteria are required prior to ordering an imaging study. Without this information, the requested intervention would not be supported. As such, the request is not medically necessary.

**Retrospective request for 1 pharmacological assessment and management DOS: 6/8/2013: 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) Pain, Office Visits.

**Decision rationale:** According to the Official Disability Guidelines, office visits should be determined based on a review of the patient's signs and symptoms, clinical condition, and physical examination findings. Documentation submitted for review does not indicate that the injured worker had any concerning clinical examination findings or physical examination findings to support the medical necessity of the pharmacologic assessment and management visit on 06/08/2013. Also, it is unclear when the injured worker had previously seen a physician for pharmacologic assessment and management and without this information, the requested date of service would not be supported. Without a clear rationale for the medical necessity of the

request, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Retrospective request for 1 aquatic pool therapy DOS: 8/22/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 Low Back Complaints (2007), page 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The requested aquatic pool therapy is not supported. The California MTUS Guidelines indicate that aquatic therapy may be used for those who have conditions where reduced weight bearing is desirable. The documentation provided does not indicate that the injured worker has a condition where reduced weight bearing would be desirable, such as obesity. There is also no indication that the injured worker was intolerant or was unable to perform land-based physical therapy. Without this information, the request would not be supported. As such, the request is not medically necessary.

**Retrospective request for 1 aquatic therapy assessment DOS: 8/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 Low Back Complaints (2007), page 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The requested aquatic pool therapy is not supported. The California MTUS Guidelines indicate that aquatic therapy may be used for those who have conditions where reduced weight bearing is desirable. The documentation provided does not indicate that the injured worker has a condition where reduced weight bearing would be desirable, such as obesity. There is also no indication that the injured worker was intolerant or was unable to perform land-based physical therapy. Without this information, the request would not be supported. As such, the request is not medically necessary.

**Retrospective request for Tizanidine 4mg #90 DOS: 6/8/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) and Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The request for tizanidine 4 mg #90 is not supported. The California MTUS Guidelines indicate that non-sedating muscle relaxants are recommended as a second line treatment option for low back pain. The documentation submitted for review does not indicate that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long the injured worker was using this medication as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Retrospective request for 4 trigger point injections DOS: 8/23/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** According to the California MTUS Guidelines, trigger point injections are recommended for those who have failed recommended conservative therapy and for those who have trigger points with a twitch response and referred pain. The documentation provided fails to show that the injured worker had tried and failed all recommended forms of conservative therapy, such as physical therapy prior to the request to support trigger point injections. Also, there is no indication that the injured worker had trigger points with a twitch response and referred pain. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Retrospective request for MRI of the left wrist DOS: 9/3/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The requested MRI of the left wrist is not supported. There is no indication that the injured worker had failed at least 4 to 6 weeks of conservative care prior to the requested MRI to support the medical necessity of this request. There is also no indication that he had any significant deficits, evidence of a snuffbox injury, reoccurrence of a symptomatic ganglion, or wrist complaints associated with disease such as diabetes. There was also no indication that he had persistent joint effusion with serological studies for Lyme disease and autoimmune diseases. The California MTUS/ACOEM Guidelines indicate that the above-mentioned criteria are indications for an MRI. Without this information, the requested MRI would not be supported. As such, the request is not medically necessary.

**Retrospective request for 1 pharmacological assessment and management DOS: 8/23/2013:**  
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) Pain, Office Visits.

**Decision rationale:** According to the Official Disability Guidelines, office visits should be determined based on a review of the patient's signs and symptoms, clinical condition, and physical examination findings. Documentation submitted for review does not indicate that the injured worker had any concerning clinical examination findings or physical examination findings to support the medical necessity of the pharmacologic assessment and management visit on 08/23/2013. Also, it is unclear when the injured worker had previously seen a physician for pharmacologic assessment and management and without this information, the requested date of service would not be supported. Without a clear rationale for the medical necessity of the request, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Retrospective request for 4 trigger point injections DOS: 10/4/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** According to the California MTUS Guidelines, trigger point injections are recommended for those who have failed recommended conservative therapy and for those who have trigger points with a twitch response and referred pain. The documentation provided fails to show that the injured worker had tried and failed all recommended forms of conservative therapy, such as physical therapy prior to the request to support trigger point injections. Also, there is no indication that the injured worker had trigger points with a twitch response and referred pain. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

**Retrospective request for 1 pharmacological assessment and management DOS: 10/4/2013:**  
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) Pain, Office Visits.

**Decision rationale:** According to the Official Disability Guidelines, office visits should be determined based on a review of the patient's signs and symptoms, clinical condition, and physical examination findings. Documentation submitted for review does not indicate that the injured worker had any concerning clinical examination findings or physical examination findings to support the medical necessity of the pharmacologic assessment and management visit on 10/04/2013. Also, it is unclear when the injured worker had previously seen a physician for pharmacologic assessment and management and without this information, the requested date of service would not be supported. Without a clear rationale for the medical necessity of the request, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.