

Case Number:	CM15-0072436		
Date Assigned:	04/22/2015	Date of Injury:	07/22/2014
Decision Date:	07/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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:

This 57 year old female sustained an industrial injury to the right ring finger, left shoulder, neck and back on 7/22/14. Previous treatment included physical therapy and medications. In a progress note dated 3/10/15, the injured worker complained of worsening left sided neck and shoulder girdle, left hip, back and left knee pain. The injured worker also reported getting frequent headaches from the neck pain and that she had been unable to tolerate NSAIDs. The physician noted that the injured worker was insisting she get magnetic resonance imaging of the shoulder, neck and back as well as physical therapy. The injured worker stated that she had been unable to return to work and could not function without medications. Physical exam was remarkable for left shoulder with tenderness to palpation over the subacromion, positive crepitus on circumduction, positive impingement sign with limited range of motion, limited range of motion to the cervical spine and lumbar spine, with intact motor strength, sensation and deep tendon reflexes in the upper extremities, positive left straight leg raise, absent left Achilles reflex, left knee with full active range of motion, mild crepitus on passive range of motion with mildly painful patellar compression. Current diagnoses included lumbar spine sprain/strain with left radicular symptoms, rule out disc herniation, history of left shoulder sprain/strain, rule out internal derangement, left knee contusion, history of intercostal contusion, neck pain with cervicogenic headaches, rule out disk herniation. The injured worker received a Toradol injection during the office visit. The treatment plan included medications (Norco, Flexeril and Omeprazole), continuing home exercise, additional physical therapy (12 sessions) and magnetic resonance imaging of the cervical spine, left shoulder and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. The request for Flexeril 10mg #30 is not medically necessary per MTUS guidelines.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker is unable to tolerate NSAIDs and takes Omeprazole for dyspepsia caused by current medications, which do not include NSAIDs. Being that weaning off Norco has been recommended, continued use of Omeprazole will no longer be indicated. Furthermore, physician reports fail to support that the injured worker is at high risk of gastrointestinal events. The request for Omeprazole 20mg #30 is not medically necessary per MTUS guidelines.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. The injured worker complains of chronic neck pain. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI of the cervical spine is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 207.

Decision rationale: MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of left shoulder pain. Chart documentation fails to show planned invasive procedure, any red flags or unexplained physical findings on examination that would warrant additional imaging. The request for MRI of the shoulder is not medically necessary by MTUS.

MRI of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, Shoulder Complaints, pg 207, Elbow Complaints, pg 33, Forearm, Wrist and Hand Complaints, pg 268.

Decision rationale: MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of neck and left shoulder pain. Chart documentation fails to show any red flags or unexplained physical findings on examination to establish the medical necessity of left upper extremity MRI. The request for MRI of the left upper extremity is not medically necessary by MTUS.

12 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter.

Decision rationale: MTUS recommends passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) during the early phases of pain treatment, for controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. Documentation provided for review reveals that the injured worker has had previous physical therapy, but there is lack of detailed information regarding the number of visits or objective clinical outcome of the treatment. Given that the injured worker has completed an initial course of physical therapy and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional physical therapy has not been established. Per guidelines, the request for 12 Physical therapy visits is not medically necessary.