

Case Number:	CM15-0092482		
Date Assigned:	05/18/2015	Date of Injury:	11/05/2014
Decision Date:	07/10/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

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 36-year-old female, who sustained an industrial injury on 11/5/14. She reported cervical spine and lumbar spine injury after slipping on wet floor. The injured worker was diagnosed as having lumbosacral myoligamentous sprain/strain, rule out lumbar intervertebral disc injury, rule out right lumbar radiculopathy, cervical myoligamentous sprain/strain, rule out cervical intervertebral disc injury and rule out right cervical radiculopathy. Treatment to date has included oral medications, physical therapy, and home exercise program and activity restrictions. X-rays performed on 3/4/05 revealed loss of normal cervical lordotic curve and mild degenerative changes of joints of Luschka, degenerative disc and spondylitic disease of thoracic spine and evidence of degenerative disc disease of lumbar spine at L5-S1. Currently, the injured worker complains of sharp, stiff, cramping pain over the posterior aspect of neck extending to mid back region with radiation down posterior aspect of right lower extremity with tingling down right upper extremity to right hand and frequent, throbbing pain over the center of the low back with radiation down the posterior aspect of right lower extremity to right calf, she notes all pain is relieved by rest and medication. The injured worker was released to return to work with restrictions. Physical exam of lumbar spine noted pain to palpation over the supraspinatus ligament without spasm and restricted range of motion; exam of scapulo-thoracic/dorsal spine revealed pain to palpation over the right trapezius muscle with restricted range of motion and cervical spine exam noted tenderness to palpation over the right upper trapezius, right splenius capitis and right levator scapulae muscles without spasm; restricted range of motion is noted. The treatment plan included recommendation for Flurbiprofen/lansoprazole cream, 8 additional sessions of physical therapy, back brace and (MRI) magnetic resonance imaging of lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of L/S: Overturned

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. Decision based on Non-MTUS Citation Official disability guidelines Lower back & Lumbar & Thoracic (Acute & Chronic) and topic Magnetic resonance imaging (MRIs).

Decision rationale: The 36-year-old patient presents with low back pain, rated at 5-6/10, neck pain, and right upper posterior shoulder pain, as per progress report dated 04/17/15. The request is for MRI L/S. There is no RFA for this case, and the patient's date of injury is 11/05/14. Diagnoses, as per progress report dated 04/17/15, included low back pain, lumbar sprain/strain, and thoracic sprain/strain. Medications included Ibuprofen, Tylenol # 3, Omeprazole, Celebrex and Duexis. The patient also suffers from neck pain radiating down right arm to middle and ring finger, as per progress report dated 04/02/15. The patient has been allowed to return to modified work, as per progress report dated 04/17/15. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back & Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, a request for MRI of lumbar spine is noted in progress report dated 03/04/15. The treater states that the diagnostic test will help "to exclude the possibility of lumbar intervertebral disc injury." As per the same report, the patient does suffer from lower back pain radiating to right lower extremity. Straight leg raise, Lasegue's sign, Gaenslen's test, and Patrick test are positive on the right. Given the neurologic findings, the request appears reasonable and IS medically necessary.

MRI of C/S: 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. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: The 36-year-old patient presents with low back pain, rated at 5-6/10, neck pain, and right upper posterior shoulder pain, as per progress report dated 04/17/15. The request is for MRI C/S. There is no RFA for this case, and the patient's date of injury is 11/05/14. Diagnoses, as per progress report dated 04/17/15, included low back pain, lumbar sprain/strain, and thoracic sprain/strain. Medications included Ibuprofen, Tylenol # 3, Omeprazole, Celebrex and Duexis. The patient also suffers from neck pain radiating down right arm to middle and ring finger, as per progress report dated 04/02/15. The patient has been allowed to return to modified work, as per progress report dated 04/17/15. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, a request for cervical MRI is noted in progress report dated 03/04/15 "to exclude possibility of cervical intervertebral disc injury." The patient does suffer from neck pain radiating right above the right elbow. Physical examination reveals tenderness to palpation and restricted range of motion. The treater, however, does not document any neurologic deficits, which may warrant an MRI. Hence, the request IS NOT medically necessary.

Physical therapy 2x4 to cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 65, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 36-year-old patient presents with low back pain, rated at 5-6/10, neck pain, and right upper posterior shoulder pain, as per progress report dated 04/17/15. The request is for PT 2 X 4, CERVICAL SPINE AND LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 11/05/14. Diagnoses, as per progress report dated 04/17/15, included low back pain, lumbar sprain/strain, and thoracic sprain/strain. Medications included Ibuprofen, Tylenol # 3, Omeprazole, Celebrex and Duexis. The patient also suffers from neck pain radiating down right arm to middle and ring finger, as per progress report dated 04/02/15. The patient has been allowed to return to modified work, as per progress report dated 04/17/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10

sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, a request for PT is noted in progress report dated 03/04/15. The treater states that the patient should "be instructed by her physical therapist, in a home exercise program for light stretching to increase flexibility and strengthen the muscles of lumbar and cervical spine." While the progress reports do not document prior therapy, the UR denial letter states that the patient has already completed 10 sessions of PT. MTUS only recommends 8- 10 sessions of PT in non-operative cases. Hence, the request IS NOT medically necessary.

Lumbar comfort form back support brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Lumbar Supports.

Decision rationale: The 36-year-old patient presents with low back pain, rated at 5-6/10, neck pain, and right upper posterior shoulder pain, as per progress report dated 04/17/15. The request is for LUMBAR COMFORT FORM BACK SUPPORT BRACE. There is no RFA for this case, and the patient's date of injury is 11/05/14. Diagnoses, as per progress report dated 04/17/15, included low back pain, lumbar sprain/strain, and thoracic sprain/strain. Medications included Ibuprofen, Tylenol # 3, Omeprazole, Celebrex and Duexis. The patient also suffers from neck pain radiating down right arm to middle and ring finger, as per progress report dated 04/02/15. The patient has been allowed to return to modified work, as per progress report dated 04/17/15. ODG Guidelines, chapter "Low Back Pain" and Title "Lumbar Supports", state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." In this case, none of the progress reports discusses the request. The patient does suffer from low back pain but there is no documentation of compression fractures or spondylolisthesis for which the brace is indicated. Hence, the request IS NOT medically necessary.

Flurbiprofen/Lansoprazole 100mg/10mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Vimovo.

Decision rationale: The 36-year-old patient presents with low back pain, rated at 5-6/10, neck pain, and right upper posterior shoulder pain, as per progress report dated 04/17/15. The request is for FLURBIPROFEN/LANSOPRAZOLE 100mg/10mg # 90. There is no RFA for this case, and the patient's date of injury is 11/05/14. Diagnoses, as per progress report dated 04/17/15,

included low back pain, lumbar sprain/strain, and thoracic sprain/strain. Medications included Ibuprofen, Tylenol # 3, Omeprazole, Celebrex and Duexis. The patient also suffers from neck pain radiating down right arm to middle and ring finger, as per progress report dated 04/02/15. The patient has been allowed to return to modified work, as per progress report dated 04/17/15. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter on Vimovo states discusses a similar combination and states it is, "not recommended as a first-line therapy". The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. In this case, none of the progress reports discusses this request. The patient has been using Naproxen and Omeprazole until now. In progress report dated 04/17/15, the treater states that the "medications help some with pain." As these medications appear to be working, the need for Flurbiprofen/Omeprazole combination is not established. Hence, the request IS NOT medically necessary.