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| Case Number: | CM15-0094240 | | |
| Date Assigned: | 05/20/2015 | Date of Injury: | 04/02/2014 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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: Pennsylvania
 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 is a 31 year old female with an April 2, 2014 date of injury. A progress note dated April 27, 2015 documents subjective findings of neck pain rated at a level of 4/10; frequent pain and stiffness of the lower back and right shoulder rated at a level of 5/10; frequent pain, weakness and stiffness of the left shoulder rated at a level of 3-4/10; weakness of bilateral wrists rated at a level of 5-6/10; and frequent numbness, weakness, stiffness, swelling, and tingling. Objective findings include bilateral paraspinal muscle tenderness and spasms of the cervical spine; increased tone; trapezius musculature, right and left tenderness, right increased tone and spasms; lumbosacral paraspinal muscle tenderness and spasms; right facet and gluteal/ sciatic notch tenderness; right shoulder painful/tender arc of motion; right wrist volar capsular tenderness, and positive Phalen's test. Current diagnoses include cervical and lumbar spine musculo-ligamentous injury with discopathy, cervical spine radiculitis of the right upper extremity, cervical spine sprain/strain, lumbar spine sprain/strain, right shoulder trapezial myofasciitis, right wrist medial neuritis, and bilateral hands overuse syndrome. Work status was not specified. The treating physician documented a plan of care that included electromyogram/nerve conduction studies of the bilateral upper extremities, functional capacity evaluation (FCE/NIOSH), magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, physical therapy for the right shoulder, physical therapy for the right shoulder, right wrist and bilateral hands, chiropractic consultation and manipulation for the cervical spine and back, Tramadol cream, Flurbiprofen cream, and Gabapentin-Diclo-

benzaprine compound cream. On 5/4/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS/ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity EMG (Electromyography)/ NCS (Nerve Conduction Study):
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 8 p. 168-171, 182, chapter 11 p. 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There are no reports from the prescribing physician, which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. Based on the current clinical information, bilateral upper extremity EMG (Electromyography)/ NCS (Nerve Conduction Study) is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

Functional Improvement Measurement with Functional Improvement Measures using NIOSH (National Institute of Occupational Safety and Health) testing, 30 days, one baseline and one P&S: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical treatment utilization schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 511.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 1 Prevention Page(s): chapter 1 and chapter 15, p. 8-9 and 403, Chronic Pain Treatment Guidelines Definitions for the MTUS, functional improvement, chronic pain, p. 1-2, 10 Page(s): 1-2, 10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty chapter: functional capacity evaluation.

Decision rationale: This injured worker has neck, back, shoulder, and hand pain. The progress note from the treating physician lists a request for FCE/NIOSH; the request for authorization lists a request for functional improvement measurement using NIOSH. The National Institute for Occupational Safety and Health (NIOSH) is the U.S. federal agency that conducts research and makes recommendations to prevent worker injury and illness. The ACOEM chapter on prevention outlines lifting recommendations that are based on the NIOSH "Applications Manual for the Revised NIOSH Lifting Equation." It describes strategies for safe lifting, including planning to avoid slippery or cluttered areas, lifting close to the body between the knee (preferably waist) and shoulder height, without bending or twisting the back, with the chin tucked in if lifting over head, with well-designed secured handles if handles are used, and weight, frequency, and speed of lifting limitations. The ACOEM chapter on stress also describes organizational stress assessment tools such as the Generic Job Stress Questionnaire developed by NIOSH. Per the ODG, functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. FCE is not recommend for 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. In this case, the treating physician has not provided the indication for the requested functional capacity evaluation or functional improvement measurement. There was no discussion of admission to a work hardening program. Per the MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. This MTUS definition of functional improvement is applied in the assessment of treatments rendered by the treating physician, and does not require referral for determination. As such, the request for Functional Improvement Measurement with Functional Improvement Measures using NIOSH (National Institute of Occupational Safety is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This injured worker has neck pain with finding of paraspinal spasm and muscle tenderness. There was no discussion of any conservative care provided to date. There was no documentation of red flag conditions or evidence of neurologic dysfunction, or plan for an invasive procedure. No detailed neurological examination was submitted. Due to lack of specific indication, the request for MRI of the cervical spine is not medically necessary.

Tramadol cream 20%, quantity: 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol p. 93-94 topical analgesics p. 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Tramadol is a centrally acting synthetic opioid analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The MTUS and ODG do not address tramadol in topical form. In this case, there was no documentation of presence of neuropathic pain, or of trial and failure of antidepressant or anticonvulsant medication. There was no documentation of a treatment plan for use of opioids in accordance with the MTUS. As such, the request for tramadol cream is not medically necessary.

Flurbiprofen 20%, quantity: 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 35.

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

Decision rationale: Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidals are

not recommended for neuropathic pain. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. This injured worker has multifocal pain, without documentation of osteoarthritis or tendinitis. The site of application and directions for use were not specified. Due to lack of specific indication, and as the requested topical medication is not FDA approved, the request for Flurbiprofen cream is not medically necessary.

Gabapentin 10%- Diclobenzaprine 10%, quantity: 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain p. 60 topical analgesics p. 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. The MTUS and ODG do not address topical "diclobenzaprine." It is possible that this represents a request for topical Cyclobenzaprine. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. In this case, there was no documentation presence of neuropathic pain, or of trial and failure of antidepressant or anticonvulsant medication. As the compound contains gabapentin, which is not recommended in topical form, the compound is not recommended. As such, the request for this compounded topical cream is not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag

diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. In this case, this injured worker has low back pain, with findings of paraspinal muscle tenderness and spasm with facet and gluteal/sciatic notch tenderness on examination, and no documentation of findings to suggest specific nerve root compromise. There was no detailed neurological examination submitted. No electrodiagnostic studies were submitted. There was no documentation of red flag conditions or consideration of surgery. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. As such, the request for MRI of the lumbar spine is not medically necessary.

Physical therapy for the right shoulder, right wrist and bilateral hands, 2 times weekly for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 203, 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 13th Edition (web), 2015, shoulder, physical therapy. Forearm, Wrist and Hand, Physical/Occupational therapy.

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) pain chapter: physical medicine treatment.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9- 10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. This injured worker has neck, back, shoulder and hand pain. There was no documentation of prior physical therapy, and as such, the current request represents an initial request for physical therapy. The number of sessions requested (12) is in excess of the guideline recommendation for an initial six visit clinical trial. In addition, the number of sessions requested (12) is in excess of the maximum number of sessions recommended by the guidelines (10). As such, the request for Physical therapy for the right shoulder, right wrist and bilateral hands, 2 times weekly for 6 weeks, quantity: 12 sessions is not medically necessary.

Chiropractic consultation and manipulation for the cervical spine and back, 2 times weekly for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." This injured worker has neck and back pain. There was no documentation of any prior chiropractic treatment, and as such this request represents an initial request for chiropractic therapy. The number of sessions requested (12) is in excess of the guideline recommendation for an initial trial of 6 visits. As such, the request for Chiropractic consultation and manipulation for the cervical spine and back, 2 times weekly for 6 weeks, quantity: 12 sessions is not medically necessary.