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| Case Number: | CM15-0127896 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 03/12/2004 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57-year-old female who sustained an industrial injury on 03/12/2004. Mechanism of injury was not documented in records provided. Diagnoses include cervical spine sprain-strain, herniated cervical disc with radiculitis-radiculopathy, right shoulder sprain-strain, rule out tendonitis-impingement-cuff tear, left shoulder internal derangement, bilateral hands sprain-strain, rule out tendonitis-carpal tunnel syndrome, lumbar spine sprain-strain, herniated lumbar disc with radiculitis-radiculopathy, anxiety and depression, insomnia and gastritis. Treatment to date has included diagnostic studies, medications, and physical therap. On 03/11/2015 and Electromyography and Nerve Conduction Velocity was done and showed borderline left carpal tunnel syndrome. A physician progress note dated 05/26/2015 documents the injured worker complains of neck pain radiating over both shoulders and arm with repetitive neck motion. She has pain in her lower back which is worse with repetitive typing/keyboarding. Her medications help decrease her pain and allow the injured worker to continue to work with modified restrictions. Cervical range of motion is restricted and there is positive Spurling and Foraminal compression. She has tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right and left. She has a positive impingement test and there is tenderness to the rotator cuff, infraspinatus, supraspinatus, and biceps tendon. There is subacromial grinding and clicking bilaterally. There is tenderness over the right wrist distal radial ulnar junction. She has a positive Phalen's and Tinel's. There are spasms and tenderness of the lumbar paraspinal muscles. She has hypoesthesia at the anterolateral aspect of the foot and ankle at L4, L5, and S1 bilaterally. Treatment requested is for Chiropractic care, 10 visits (2x5), Fexmid 7.5mg #120,

MRI cervical spine, Magnetic Resonance Imaging of the lumbar spine, MRI, right & left shoulder, Prilosec 20mg #60, Ultram ER 150mg #30, and Voltaren XR 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-310.

Decision rationale: This injured worker had prior radiographic studies including x-rays and MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.

MRI, right & left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of bilateral shoulders. The records document a physical exam with tests positive for possible impingement but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of both shoulders is not medically indicated. The medical necessity of bilateral shoulder MRI is not substantiated in the records.

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 84-94.

Decision rationale: Per the guidelines, Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain or functional status specifically related to Tramadol or a discussion of side effects to justify use. The medical necessity of Tramadol is not substantiated.

Chiropractic care, 10 visits (2x5): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, the records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of chiropractic care.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the guidelines, Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Fexmid 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The records fail to document any improvement in pain or functional status specifically related to muscle relaxants or a discussion of side effects to justify use. The medical necessity of Fexmid is not substantiated in the records.

MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with pain but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically necessary.