

<b>Case Number:</b>	CM13-0009348		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who reported injury on 01/22/2011. The mechanism of injury was the injured worker was working on a stair when the stair slipped, and when the injured worker slipped and ended up falling on top of the stair, and fractured his left wrist and had a deep laceration on the left side of his forehead. The prior treatments included physical therapy and a TENS unit. The injured worker underwent surgery on his wrist to fix the fracture, and had metal plates put in. The injured worker had complaints of neck pain radiating into the bilateral upper extremities and low back pain. The injured worker had thoracic pain. The injured worker indicated physical therapy and the TENS unit were helpful. The injured worker was noted to utilize omeprazole. The physical examination revealed no spasms of the cervical region. There was tenderness to digital palpation of the cervical spine. There were no myofascial trigger points detected. The range of motion of the cervical spine was decreased. The motor strength was within normal limits in the upper extremities. The sensation exam was within normal limits in the upper extremities. The grip strength was decreased. The physical examination of the lumbar spine revealed tenderness to digital palpation in the lumbar spine. There were no spasms in the lumbar region. The lumbar range of motion was decreased. The injured worker had a positive straight leg raise and positive radiculopathy. The diagnoses included cervical myofascial pain, right cervical facet syndrome, bilateral shoulder tendonitis, lumbar discogenic pain, underlying disc protrusion, left wrist sprain/strain, and right rotator cuff, as well as left knee sprain/strain. The recommendation was for electroacupuncture, a TENS unit, exercises, MRI of the left knee, and Celebrex as well as Flexeril. There was no Request for Authorization submitted for review. There was no rationale for the treatments and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex:** 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 Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term relief of low back pain. It is recommended that the lowest effective dose be utilized for all NSAIDs for the shortest duration of time. There should be documentation of objective functional improvement and an objective decrease in pain. The above criteria were not met. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documented rationale for the use of the medication. The request as submitted failed to indicate the frequency, quantity, and strength of the medication. Given the above, the request for Celebrex is not medically necessary.

**Flexeril:** 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 Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. The use is recommended for less than 3 weeks. There should be documentation of objective functional benefit. There was a lack of documentation of objective functional benefit. The clinical documentation submitted for review failed to provide a rationale for the requested medication. The duration of these could not be established. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Flexeril is not medically necessary.

**MRI Left Knee:** Upheld

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that special studies are not needed to evaluate most knee complaints until after a period

of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of objective findings upon evaluation to support the necessity for an MRI. There was a lack of documented rationale for an MRI. Given the above, the request for MRI of the left knee is not medically necessary. Additionally, there was a lack of documentation of a failure of conservative care, and prior radiologic studies. Therefore, the request is not medically necessary.

**DME: Tens Unit:** 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 TENS unit Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to the program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed, including medication, and have failed. The clinical documentation submitted for review indicated the injured worker had previously utilized a TENS unit. However, there was a lack of documentation of objective functional benefit. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above and the lack of documentation of objective functional benefit and decrease in pain, the request for DME TENS unit is not medically necessary.

**ELECTROACUPUNCTURE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The time to produce functional improvement is 3 to 6 treatments. There was a lack of documentation indicating the rationale for acupuncture treatments. The request for electroacupuncture as submitted failed to indicate the quantity of sessions and the body part to be treated. Given the above, the request for Electroacupuncture is not medically necessary.