

Case Number:	CM13-0031970		
Date Assigned:	12/04/2013	Date of Injury:	03/29/2009
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, 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 physician 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 patient is a 49 year-old female who reported a work related injury on 03/29/2009. The patient subsequently underwent a right shoulder arthroscopy and subacromial decompression as well as calcific tendonitis removal on 11/17/2011. On 01/03/2013, the patient also underwent a therapeutic epidural administration of Kenalog, Lidocaine, and Wydase for analgesia; therapeutic percutaneous epidural decompression neuroplasty of the cervical nerve roots for analgesia bilaterally at C4, C5, and C6; and cervical epidurogram. The progress report dated 08/20/2013 notes the patient complains of right shoulder pain as well as lumbosacral pain radiating to both legs with numbness and tingling. The patient was diagnosed with lumbar spine discopathy and right shoulder sprain/strain. The patient has utilized physical therapy as well as acupuncture as an adjunct to other conservative modalities to help relieve her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine between 10/5/2013 and 10/5/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Under California MTUS and ACOEM Guidelines, it states that 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 consider surgery and option. When the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner and discuss with a consultant the selection of an imaging test to define a potential cause, for example MRI for neural or other soft tissue and CT for bony structures; ACOEM further states that imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. In the case of this patient, according to the physical examination performed on 08/20/2013, the physician did not note any significant neurologic deficits in the lumbar spine to substantiate an MRI at this time. Furthermore, the documentation lacks sufficient evidence pertaining to the patient having undergone adequate conservative treatments prior to requesting the imaging study. Lastly, there was no indication the patient was intending on having a surgical procedure to repair the lumbar region. Therefore, in regards to the requested service for an MRI performed on 10/05/2013, the medically necessary could not be warranted at this time. As such, the requested service is non-certified.

request for 6 Sessions of Acupuncture between 9/19/2013 and 11/3/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Under the California Division of Workers' Compensation Acupuncture Medical Treatment Guidelines, it states that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupuncture points. Needles may be inserted, and be manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, reduce blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) time to produce functional improvement is 3 to 6 treatments; (2) frequency is 1 to 3 times per week; and (3) optimum duration is 1 to 2 months. Reviewing the documentation from the progress note dated 08/20/2013, the patient had indicated that her pain was better with medications; however, there is no record of any current medication regimen, therefore it is unclear what medications the patient was utilizing at this time. Furthermore, there is a lack of documentation supporting the patient having any functional limitations in regards to her right shoulder. The documentation even states that the patient's shoulder had full range of motion, and regarding the California Acupuncture Guidelines, acupuncture is to be used in adjunct to physical rehabilitation or when a patient is postsurgical in their treatment process. Lastly, acupuncture treatments can be extended if there is sufficient documentation stating functional

improvement, or if extenuating circumstances medically necessitate further treatment. However, due to the lack of documentation providing sufficient information pertaining to the patient's medication use, as well as participation in any other conservative modalities she would be using in adjunct to acupuncture, the requested service does not meet guideline criteria. As such, the requested service is non-certified.

request for 6 Chiropractic Therapy Visits between 9/19/2013 and 11/3/2013: Upheld

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

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

Decision rationale: Under California MTUS Guidelines, it states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The time to produce effect is 4 to 6 treatments, with a frequency of 1 to 2 times per week for the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks, with a maximum duration of 8 weeks. At the 8 week point, patients should be re-evaluated, 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. The documentation notes on the physical examination that the patient's right shoulder has AC joint tenderness with positive Neer's, Hawkins, and O'Brien's tests, and pain was noted in the cervical spine as well as the bilateral wrists which the patient described as burning, throbbing, and shooting. Swelling, spasm, and tenderness were noted on evaluation by the treating acupuncturist. The signs and symptoms would be supported in the request for chiropractic treatments. However, due to the patient having 2 requests for chiropractic sessions, with dates that overlap each other, totaling 18 chiropractic sessions, the medical necessity cannot be determined due to the unknown number of completed chiropractic sessions the patient has already participated in. Therefore, at this time, the requested service cannot be warranted. As such, the requested service is non-certified.

request for 1 240 Grams of Compound Medication (Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%) between 9/19/2013 and 11/3/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to California MTUS Guidelines, under the heading topical analgesics, it notes that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, iatrogenic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and

nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation fails to provide an adequate updated list of the patient's medication regimen, as well as the effectiveness of each type of medication she has been using for pain relief. Regarding the request for the compounded medication in question, due to California MTUS Guidelines non-recommendation for the compounded substance containing the ingredient Capsaicin, the requested medication cannot be warranted at this time as a medically necessity. As such, the requested service is non-certified.

request for 1 240 Grams of Compound Medication (Flurbiprofen 30%, Tramadol 20%) between 9/19/2013 and 11/3/2013: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to California MTUS Guidelines, under the heading topical analgesics, it notes that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, iatrogenic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation fails to provide an adequate updated list of the patient's medication regimen, as well as the effectiveness of each type of medication she has been using for pain relief. Regarding the request for the compounded medication in question, due to California MTUS Guidelines non-recommendation for the compounded substance containing NSAIDs and opioids, the requested medication cannot be warranted at this time as a medically necessity. As such, the requested service is non-certified.

request for 6 Acupuncture Sessions between 9/11/2013 and 10/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Clean Copy Guidelines, Pages 1, 8, and 9

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Under the California Division of Workers' Compensation Acupuncture Medical Treatment Guidelines, it states that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupuncture points (acupuncture points). Needles may be inserted, and be manipulated, and retained for a period of time. Acupuncture can be used to reduce pain,

reduce inflammation, reduce blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) time to produce functional improvement is 3 to 6 treatments; (2) frequency is 1 to 3 times per week; and (3) optimum duration is 1 to 2 months. Reviewing the documentation from the progress note dated 08/20/2013, the patient had indicated that her pain was better with medications; however, there is no record of any current medication regimen, therefore it is unclear what medications the patient was utilizing at this time. Furthermore, there is a lack of documentation supporting the patient having any functional limitations in regards to her right shoulder. The documentation even states that the patient's shoulder had full range of motion, and regarding the California Acupuncture Guidelines, acupuncture is to be used in adjunct to physical rehabilitation or when a patient is postsurgical in their treatment process. The patient has a previous request for 6 sessions of acupuncture between the dates of 09/19/2013 and 11/03/2013, and this current request for an additional 6 acupuncture sessions actually precedes the other request with the dates overlapping. Regarding the documentation provided for review, there is nothing indicating the accurate number of sessions the patient has attended to this date. Therefore, a total of 12 sessions would exceed the maximum allowance per California Acupuncture Guidelines. Furthermore, there is nothing in the documentation stating extenuating circumstances that would necessitate excessive or extended number of sessions for acupuncture therapy in regards to the patient's current chronic pain. As such, the requested service is non-certified.

request for 1 Voltage Acute Sensory Nerve Conduction between 9/11/2013 and 10/26/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: According to California MTUS/ACOEM Guidelines, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography ((EMG) may be helpful. NCS and EMG may confirm the diagnosis of carpal tunnel syndrome but may be normal in early or mild cases of carpal tunnel syndrome. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. As noted in the documentation, the patient has had ongoing signs and symptoms of radiculopathy pertaining to the cervical spine as well as her cumulative trauma injury sustained while working as a mandarin sorter. Therefore, in regards to the request for a voltage acute sensory nerve conduction study, the requested service is considered appropriate for this patient. However, due to the other requests meeting non-certification, this request cannot be fulfilled at this time.

12 Chiropractic Therapy Sessions between 9/11/2013 and 10/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Under California MTUS Guidelines, chiropractic treatments are recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain the time to produce effect is 4 to 6 treatments, with a frequency of 1 to 2 times per week for the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks, with a maximum duration of 8 weeks. At week 8, patients should be re-evaluated 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. The documentation does not indicate how many overall chiropractic treatments the patient has undergone. Furthermore, there is no objective information pertaining to the efficacy of the previous treatments. Lastly, there is nothing indicating the patient is recovering from surgery, nor has extenuating circumstances that would medically necessitate extended treatments for chiropractic services. Therefore, the requested service does not meet guideline criteria and the 12 requested sessions also exceeds maximum allowance per California MTUS Guidelines. As such, the requested service is non-certified.

request for Unknown Extracorporeal Shockwave Therapy (ESWT) Sessions between 9/11/2013 and 10/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Online Version

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Extracorporeal Shockwave Therapy is Optional for Acute, Sub-Acute and Chronic Plantar Fasciitis, page(s) 371 and Official Disability Guidelines (ODG) Ankle and Foot Chapter, E

Decision rationale: Under California MTUS/ACOEM Guidelines, it states that the use of extra corporeal shockwave therapy is optional in the treatment of plantar fasciitis. It further states that while it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Official Disability Guidelines were also referred to in this case and state that the criteria for the use of extra corporeal shockwave therapy includes patients whose heel pain from plantar fasciitis has remained despite 6 months of standard treatment, at least 3 conservative treatment have been performed prior to the use of ESWT, which would include rest, ice, NSAIDs, orthotics, physical therapy, and injections. This treatment is contraindicated in pregnant women, patients younger than 18 years of age, patients with blood clotting disease, infections, tumors, cervical compressions, arthritis of the spine or arm, or nerve damage. Patients with cardiac pacemakers,

patients who had physical or occupational therapy within the past 4 weeks, patients who received a local steroid injection within the past 6 weeks, and patients with bilateral pain as well as patients who had previous surgery for the condition. Lastly, it states that the maximum of 3 therapy sessions over 3 weeks is allowed with low energy ESWT without local anesthesia recommended. The documentation provided shows that the patient has undergone extra corporeal shockwave therapy; however, it is unknown how many sessions the patient has actually participated in. Furthermore, the documentation does not indicate the patient has been diagnosed with plantar fasciitis which would be considered a criteria to perform extra corporeal shockwave therapy. Therefore, with the lack of documentation providing a diagnosis of the plantar fasciitis, as well as the unknown number of ESWT sessions the patient has completed, the requested service for unknown extra corporeal shockwave therapy sessions between 09/11/2013 and 10/26/2013 cannot be warranted. As such, the requested service is non-certified.