

Case Number:	CM13-0042104		
Date Assigned:	12/27/2013	Date of Injury:	10/23/2002
Decision Date:	08/12/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/16/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 female with a reported date of injury of 10/23/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical sprain/strain with regional myofascial pain, right lateral epicondylitis, low back pain, and bilateral carpal tunnel syndrome. Her previous treatments were noted to include trigger point injections, physical therapy, acupuncture, massage therapy, chiropractic treatment, and medications. The progress note dated 01/16/2014 revealed the injured worker complained the worst pain was to her upper back and neck. Complained on constant pain between her shoulder blades which radiated to the base of her neck described as an aching pain with no complaints of upper extremity weakness, and some of these symptoms are worse with sitting for longer than 15 minutes, repetitive neck motions, and better with avoiding exacerbating factors. The physical examination revealed the injured worker was wearing a right knee immobilizer due to a recent right patellar fracture, the active range of motion to cervical spine was limited to about 25% in all directions due to pain and guarding. There was a negative Spurling's sign noted and motor strength was rated 5/5 in the upper extremities and deep tendons were intact and equal in the bilateral upper extremities. Sensation was intact and equal to the upper extremities and pain to light touch was also intact. There were multiple myofascial trigger points noted throughout the neck and shoulder girdle especially between the shoulder blades. The injured worker's medication regimen was noted to include Valium 10 1 at night as necessary, Tylenol 650mg 1 as needed for pain, and Vicodin 5/500mg 1 daily as needed for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has had previous acupuncture sessions. The MTUS Acupuncture Guidelines state acupuncture as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS Acupuncture Guidelines recommend time to produce functional improvement is 3 to 6 treatments 1 to 3 times per week with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The documentation provided indicated the trigger point injections and sciatic injections were helpful for pain. There is a lack of documentation regarding functional improvement with previous acupuncture therapies as well as the number of sessions completed. As such, the request is not medically necessary and appropriate.

VALIUM REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), page 63 Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants as a second-line option of short-term treatment of acute exacerbations in patient with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding muscle spasms and efficacy of this medication. The MTUS Chronic Pain Guidelines recommend short-term use of this medication and the injured worker has been utilizing this medication for over six months. Additionally, the request failed to provide the frequency and dosage of this medication to be utilized. Therefore, the request is not medically necessary and appropriate.