

Case Number:	CM13-0047106		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2004
Decision Date:	06/04/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 44-year-old male with a date of injury of 11/15/2004. The listed diagnoses per [REDACTED] are aftercare for surgery of the multi-skeletal system (multilevel cervical spine fusion), cervical disk herniation with myelopathy, bursitis and tendonitis of the left shoulder and partial tear of rotator cuff tendon. According to report dated 10/02/2013 by [REDACTED], the patient presents with cervical spine and left shoulder pain. Cervical spine pain is described as sharp with numbness. The examination of the cervical spine revealed bilateral paraspinal muscles from C4-C7 revealed tenderness. Left upper shoulder muscles and left anterior scalenes were also noted as tender. Cervical range of motion was captured digitally by Acumar which showed decreased range of motion. Axial compression test was positive bilaterally for neurological compromise. Distraction test and shoulder depression tests were both positive. Left shoulder pain was described as sharp and severe. The examination of the shoulder revealed spasm and tenderness to the left rotator cuff spasm of muscles and left upper shoulder muscles. Speed's test and supraspinatus test were both positive on the left. The provider recommended 6 sessions of acupuncture for the shoulder, TG hot cream, and 1 functional capacity evaluation. The utilization review is dated 10/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE FOR THE LEFT SHOULDER: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture.

Decision rationale: This patient presents with cervical spine and left shoulder complaints. The provider is requesting 6 sessions of acupuncture for the left shoulder. The utilization review modified the certification for 4 visits stating "ODG recommends a trial of 3-4 visits over 2 weeks." For acupuncture, California MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, medical records do not indicate that this patient has had any prior acupuncture treatments. An initial course of 3 to 6 may be warranted. Recommendation is for approval.

1 PRESCRIPTION OF TGHOT (TRAMADOL 8%/GABAPENTIN 10%/MENTHOL 2%/CAMPHOR 2%/CAPSAICIN 0.05%) 180GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: This patient presents with cervical spine and left shoulder pain. The provider is requesting TG hot cream. TG hot is a compound topical cream containing Tramadol, Gabapentin, Menthol Camphor, and Capsaicin. The California MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation. Therefore, the entire compounded formulation is not recommended. Recommendation is for denial.

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-139.

Decision rationale: This patient presents with cervical spine and left shoulder pain. The provider is requesting a functional capacity evaluation. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In

this case, although the provider recommends authorization for patient to obtain an initial functional capacity evaluation, he does not discuss why the FCE is being requested. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. Recommendation is for denial.