

Case Number:	CM13-0049422		
Date Assigned:	12/27/2013	Date of Injury:	03/06/2012
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Inteventional 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 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 54-year-old female with date of injury on 03/06/2012. The initial evaluation report by the provider on 10/13/2013 indicates that the patient's diagnoses include: 1) Sprain and strain, unspecified, site elbow and forearm 2) Unspecified neuralgia, neuritis, and radiculitis, spondylosis, cervical, lateral epicondylitis of elbow, tenosynovitis (wrist), fibromyalgia, myositis, tenosynovitis (elbow), neuropathic pain. The patient continues with multiple areas of pain in the neck, both elbows, wrist, and hands. The patient underwent C3 through C6 cervical fusion on 06/29/2012. The patient reported that it helped reduce the cold sensation in the right upper extremity but continued to have significant pain. Physical exam findings include, for the cervical spine, bilateral paraspinous tenderness and stiffness. There is pain with flexion and extension of the cervical spine. Painful left lateral rotation of cervical spine is reported by the patient. Left lateral flexion is associated with pain. Painful bilateral rotation of the cervical spine is reported by the patient. There are palpable trigger points along the cervical and thoracic trunk muscles bilaterally. Evaluation of the elbows includes tenderness along both lateral epicondyles. Range of motion is adequate. She wears elbow braces bilaterally. Evaluation of the wrist indicates positive Tinel's sign into ulnar region causing pain in the corresponding areas of all motor nerves. The patient is not able to differentiate between 2 touches, difficult to test because of pain. MRI (magnetic resonance imaging) of the cervical spine from 2012 indicates there is a severe central stenosis and there is bilateral foraminal narrowing at C3-C4 and C5-C6. At C5-C6, there is a focus of myelomalacia within the spinal cord. Cervical dated 06/29/2012 indicates status post anterior fusion from C3-C6 with associated mild postsurgical changes and mild straightening of the normal cervical lordosis. A record review indicated on 05/14/2013 patient was seen by [REDACTED] regarding the patient's bilateral lateral epicondylitis, bilateral

cubital tunnel syndrome. The recommendation was for the patient to undergo 2 cortisone injections to the lateral epicondyles. She will continue with tennis elbow straps. The patient was seen again in June of 2013, which indicates the patient was to undergo 2 cortisone injections to the lateral epicondyle. The provider noted that the patient had undergone a course of conservative care with modest response. A full course of acupuncture was recommended for a total of 18 sessions. It was noted that the patient had good benefit with acupuncture in the past for this patient. The number of sessions the patient has undergone or when the last course of acupuncture was not indicated. A course of 18 sessions of physical therapy was recommended for the patient as well. There is a plan to increase the patient's Lyrica. The patient was started on a trial of tizanidine. The progress report dated 09/17/2013 by [REDACTED] indicated that the patient had failed conservative treatment including therapy, injections, bracing, and NSAIDS. Surgery was recommended for the elbows to include a lateral and medial epicondylectomy with fasciotomy, tendon debridement, reattachment, and ulnar nerve decompression of the elbow. [REDACTED] noted that the patient recently underwent cortisone injections to the elbows with temporary relief and continued to wear tennis elbow straps. She had just started acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (including electro-acupuncture and acupressure) bilateral upper extremities (including shoulders): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The records appear to indicate the patient has recently undergone some acupuncture treatment which has given her some benefit. It was unclear how many sessions the patient had received or what specific functional gain the patient was able to receive from the acupuncture therapy. On 10/13/2013, the provider's initial evaluation report indicated that there was documentation of functional benefit that this patient had received in the past. No acupuncture therapy notes were included for review. Acupuncture medical treatment guidelines indicate that time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented. Optimum duration is 1 to 2 months at a frequency of 1 to 3 times per week. The provider was recommending a full course of acupuncture treatment and was requesting 18 sessions. This request appears to be supported by the guidelines noted above. Therefore, authorization is recommended

18 sessions, physical therapy bilateral upper extremities (including shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical medicine Page(s): 98-99.

Decision rationale: The records indicated the patient continues with multiple areas of pain including neck, shoulders, bilateral upper extremities including elbows and wrists. The patient has undergone therapy in the past with some mild improvement. There is physical therapy evaluation note dated 06/04/2013 that indicates the patient was recommended for 12 sessions of physical therapy. It is unclear how many of these sessions the patient had undergone. The MTUS Guidelines state that up to 10 visits are recommended for neuralgia, neuritis, and radiculitis. The request for 18 physical therapy sessions exceeds the recommended frequency of visits indicated by MTUS. Therefore, recommendation is for denial.

18 sessions ulnar nerve injections with ultrasound x 2: 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),. Elbow Chapter.

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

Decision rationale: The records appear to indicate that the patient has previously undergone bilateral steroid injections to the epicondyles of the bilateral elbows. The patient has received temporary relief. The MTUS is silent regarding injections for epicondylitis. Therefore, ODG Guidelines were reviewed. The ODG state that injections for epicondylitis are not recommended as a routine intervention. The ODG also states that, in the past, a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persists only for a short time, in the long term, outcome could be poor. The request for additional steroid injections to the bilateral elbows does not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.

Tizanidine 2mg q6h, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: According to the clinical notes, the patient continues with significant pain in multiple areas including the neck, shoulders, bilateral upper extremities including trigger points that were positive on exam in the upper trapezius and paraspinal muscles of the cervical and thoracic spine. Regarding tizanidine, MTUS states that this medication is FDA (Food and Drug Administration) approved for management of spasticity, and unlabeled use for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial

pain syndrome, and the author has recommended it to use as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct to treatment for fibromyalgia. The records appear to indicate that patient continues with significant myofascial pain with associated trigger points and muscle spasm. Request for the trial of tizanidine appears to be reasonable. Therefore, authorization is recommended.

Lyrica 75mg TID, #90 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lyrica Page(s): 19-20.

Decision rationale: The records appear to indicate that patient has been taking Lyrica for neuropathic pain. The patient has history of cervical spine fusion with continuation of neck pain and bilateral upper extremity neuropathic pain symptoms. Exam findings included positive Tinel's in the bilateral elbows. The MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA (Food and Drug Administration) approval for both indications, and is considered first-line treatment for both. The continuation of Lyrica for this patient appears to be reasonable as indicated for neuropathic pain which this patient has. Therefore, authorization is recommended.