

Case Number:	CM13-0054880		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2012
Decision Date:	04/03/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Management 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:

This is a patient with a date of injury of September 28, 2012. A utilization review determination dated October 31, 2013 recommends non-certification of 8 acupuncture sessions, noncertification of extracorporeal shock wave therapy, and modified certification of tramadol to allow weaning. Acupuncture was noncertified due to no documentation of functional improvement from a 6 visit trial. Extracorporeal shockwave therapy was noncertified due to lack of guideline support for the use of this modality in the cervical spine. Tramadol was modified due to lack of documentation of clinical improvement as a result of this medication. A urine drug screen performed on December 18, 2013 is positive for tramadol metabolites. A progress report dated December 4, 2013 identifies subjective complaints of neck pain, shoulder pain, upper back pain, elbow pain, knee pain, ankle pain, and foot pain. The pain is rated as 9/10 and his increased from 8/10 on the previous visit. The objective examination findings identify tenderness to palpation in the cervical, thoracic, and lumbar spine as well as numerous other body parts. No neurologic examination is included. The note goes on to state that the patient indicates that treatment helps, and extracorporeal shockwave therapy helps to decrease pain and tenderness. The diagnoses include head pain, vision loss, cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, left knee sprain/strain, among others. The treatment plan recommends acupuncture for the cervical spine, thoracic spine, lumbar spine, shoulders, and the knee. The treatment plan also recommends Tramadol and left knee surgery. A progress report dated July 17, 2013 indicates that acupuncture is requested for evaluation and treatment for the cervical spine and lumbar spine. A progress report dated September 11, 2013 indicates that the patient's plant pain complaints are primarily unchanged. The chief plan recommends continuing acupuncture as well as a request for

extracorporeal shockwave therapy for the cervical spine and prescription of tramadol. A progress report dated July 17, 2013 recommends continuing tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) or functional improvement with the previous acupuncture trial. In the absence of such documentation, the currently requested additional acupuncture is not medically necessary.

unknown extracorporeal shockwave therapy for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Medical Policy, Extracorporeal Shock Wave Therapy for Orthopedic Conditions

Decision rationale: Regarding the request for ESWT for cervical spine, California MTUS does not address this issue. ODG does not address the issue for the cervical spine, but cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ESWT for cervical spine is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 75-79.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.