

Case Number:	CM14-0002917		
Date Assigned:	07/11/2014	Date of Injury:	07/17/2012
Decision Date:	08/18/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back pain, low back pain, and knee pain reportedly associated with an industrial injury of July 17, 2012. In an earlier note of March 13, 2013, it was stated that the applicant's last date of work was July 18, 2012. Electrical muscle stimulation, physical therapy, infrared therapy, and massage therapy were sought at this point while the applicant was again placed off of work. While the attending provider did not document the applicant's medication list on multiple office visits, a urine drug test of July 31, 2013 did state that the applicant was using tramadol and Tylenol No.3 as of that point in time. A November 27, 2013 progress note is notable for comments that the applicant reported moderate to severe neck, low back, and knee pain. Six sessions of acupuncture were sought. It was acknowledged that the patient had completed 11 prior sessions of acupuncture. Topical compounds and a Functional Capacity Evaluation were endorsed. It was suggested that the applicant was not working as the attending provider wrote that if the employer was unable to accommodate the applicant's restrictions that disability benefits should continue. In a Utilization Review Report dated December 16, 2013, the claims administrator denied a request for six sessions of acupuncture, denied a followup visit for range of motion testing, denied topical compounds, denied electroacupuncture, denied manual therapy, denied myofascial release therapy, denied electrical stimulation therapy, denied diathermy, denied ibuprofen, and denied a Functional Capacity Evaluation. The claims administrator, it is incidentally noted, cited non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines in its decision to deny the Functional Capacity Evaluation although the MTUS did address the topic. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (6-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represents a renewal request for acupuncture. As noted in the, Acupuncture Medical Treatment Guidelines, acupuncture may be renewed if there is evidence of functional improvement. In this case, however, there has been no such evidence of functional improvement. The applicant is off of work. The applicant is receiving indemnity benefits. The applicant remains highly reliant and highly dependent on opioid therapy including Tylenol No.3 and tramadol. Acupuncture has, in short, failed to demonstrate any lasting benefit or functional improvement. Therefore, the requests for six additional sessions of acupuncture are not medically necessary.

Follow Up-Visit (with ROM measurement and patient education): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 293.

Decision rationale: As noted in the ACOEM Practice Guidelines, range of motion measurements of the low back are of limited value because of marked variation amongst applicants with and without symptoms. Similarly, the guidelines likewise stipulates that range of motion measurements of the neck and upper back are equally limited value owing to the marked variation among applicants with and without symptoms. Thus, ACOEM Practice Guidelines do not support the attending provider's decision to use range of motion measurement as a proxy for functional improvement. Therefore, the request is not medically necessary.

Electro Acupuncture (cervical spine, lumbar spine and right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requests for electroacupuncture do represent a renewal request here. As noted in Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, there has been no clear, tangible, or concrete evidence of functional improvement despite completion of at least 11 prior sessions of acupuncture. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on opioid agents such as tramadol and Tylenol No.3. All of the above, taken together, argue against functional improvement despite completion of at least 11 prior sessions of acupuncture. Therefore, the request is not medically necessary.

Manual Therapy (cervical spine, lumbar spine and right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

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

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do support anywhere between 18 to 24 cumulative sessions of manual therapy and manipulation in applicants who demonstrate objective evidence of treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant is off of work, on total temporary disability. The applicant has failed to achieve and/or maintain successful return to work status, despite completion of earlier unspecified amounts of chiropractic manipulative therapy. It is further noted that manual therapy or manipulation are not recommended for the knee. For all of the stated reasons, then, the request is not medically necessary.

Myofascial Release (cervical spine, lumbar spine and right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy and Physical Medicine Page(s): 60,98-99.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. In this case, it was not clearly stated how much prior myofascial release therapy/massage therapy the applicant had had as of the date of the request. It is further noted the Chronic Pain Medical Treatment Guidelines emphasized active therapy, active modalities, and self-directed home physical medicine in the chronic pain phase of an injury as opposed to continued reliance on various and sundry passive modalities, such as are being sought here. Thus, the request for myofascial release therapy to the cervical spine, lumbar

spine and right knee in unspecified amounts does not conform to MTUS parameters or principles. Therefore, the request is not medically necessary.

Electrical Stimulation (cervical spine, lumbar spine and right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicines are endorsed in favor of passive modalities such as the electrical stimulation seemingly being sought here. It is further noted that the attending provider did not state precisely how much electrical stimulation he is seeking here and/or whether the request represents a request to perform electrical stimulation as a modality as part and parcel of physical therapy or a request for home electrical stimulator device. For all of the stated reasons, then, the request is not medically necessary.

Cupping (cervical spine, lumbar spine and right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is a derivative or companion request, to be performed alongside concurrent request for acupuncture. Since those requests for acupuncture were deemed not medically necessary, above, the derivative request for cupping is likewise not indicated on the grounds that the applicant has failed to achieve any lasting benefit or functional improvement despite completion of at least 11 prior sessions of acupuncture, many of which likely included the adjunctive cupping modality. The applicant, as noted previously, remains off of work, and remains highly reliant and highly dependent on opioid agents such as Tylenol No.3 and tramadol. Therefore, the request for cupping, an adjunct modality, to be employed alongside acupuncture, is not medically necessary.

Diathemy (cervical spine, lumbar spine and right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As noted in the ACOEM Practice Guidelines, there is no high-grade evidence to support the effectiveness or ineffectiveness of passive physical modality such as the diathermy being sought here for the cervical spine. Similarly, the guidelines state that diathermy has no scientifically proven efficacy in treating acute knee symptoms. Finally, the ACOEM Practice Guidelines state that diathermy has no proven efficacy in treating acute low back symptoms. No compelling applicant-specific rationale was provided which would offset the unfavorable ACOEM recommendations. As with many of the other requests for passive modalities, the Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine in lieu of passive modalities such as the diathermy being sought here. For all of the stated reasons, then, the request is not medically necessary.

Flurflex (flurbiprofen 15%, cyclobenzaprine 10%, 180gm): 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: As noted in the Chronic Pain Medical Treatment Guidelines, topical muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended. Therefore, the request is not medically necessary.

TGHot (tramadol 18%, gabapentin 10%, menthol 2%, camphor 2% andcapsaicin 0.05%, 180gm): 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: As noted in the Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound formulation purposes. Since one ingredient in the compound is not recommended, the entire compound is not recommended. Therefore, the request is not medically necessary.

Ibuprofen (800mg, 3 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (800mg, 3 refills) Page(s): 22.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines do acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints do not appear to have been appreciably reduced as a result of ongoing ibuprofen usage. The applicant remains highly reliant and highly dependent on various and sundry opioid agents, including Tylenol No.3 and tramadol. All of the above, taken together, imply a lack of functional improvement, despite ongoing usage of ibuprofen. Therefore, the request for ibuprofen is not medically necessary.

Functional Improvement Measure Through a Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the ACOEM Practice Guidelines do suggest considering using a Functional Capacity Evaluation when necessary to transit medical impairment into functional limitations and to determine work capability, in this case, however, the applicant is off of work, on total temporary disability. The applicant does not, moreover, seemingly have a job to return to. It is not clearly stated why formal quantification of the applicant's ability and capabilities is needed via a Functional Capacity Evaluation as the applicant does not have a job to return to and is not seemingly intent on returning to the workplace and/or workforce. Therefore, the request is not medically necessary.