

Case Number:	CM14-0010856		
Date Assigned:	02/21/2014	Date of Injury:	10/18/2006
Decision Date:	07/21/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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:

This is a 74-year-old female with a 10/18/06 date of injury. The exact mechanism of injury has not been described. She did sustain injury to her head, right foot, lower back, bilateral shoulders, neck, and right upper arm. On 11/27/13, the patient had burning radicular neck pain and muscle spasms and she rates pain as a 7-8/10. Her symptoms persist but the medications do provide temporary relief and improve her ability for restful sleep. Objective: tenderness to cervical spine, bilateral shoulders, lumbar spine, and bilateral knees. MRI of the right shoulder on 11/9/13 showed osteoarthropathy of the AC joint and mild bursitis. Diagnostic Impression: Cervical radiculopathy, bilateral shoulder internal derangement, lumbar radiculopathy, internal left knee derangement. Treatment to date: acupuncture, medication management, ESWT to bilateral knees, shoulders, and lumbar spine, activity modification. A UR decision dated 12/30/13 modified the request for acupuncture to 4 sessions based on the fact that it is not documented how many sessions of acupuncture the patient has had. The request for ESWT to bilateral shoulders was denied since there was no documentation of functional improvement from prior treatment. The ESWT to the lumbar spine was not certified since guidelines do not support it. MRI of the bilateral shoulders based on the fact that the provider documents tenderness, but there are no positive provocative maneuvers consistent with an internal pathology. A Lumbar Spine MRI was denied since there was insufficient documentation of acute changes in the patient's condition since the last MRI on 11/8/13. Ketoprofen cream was denied because the use of this topical NSAID is not supported by guidelines. Cyclophen cream was denied because the guidelines do not support the use of this topical compounded cream. Dicopanor was denied because there was insufficient evidence to support the use of an anti-histamine for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page(s) 114.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, there is no clear documentation of the number of sessions previously attended. Guidelines only support 24 sessions, so medical necessity for 18 sessions of acupuncture cannot be established without knowledge of the number of sessions previously attended. Therefore, the request is not medically necessary.

EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) TO THE BILATERAL SHOULDERS (3 TIMES TO EACH BODY PART, #6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: The California MTUS guidelines state that physical modalities, such as ultrasound treatment, are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder. However, there is no clear diagnosis of calcifying tendinitis of the shoulder. In addition, it is documented the patient has had ESWT to bilateral shoulders previously, and it is not clearly documented if there was any functional improvement or gains in activities of daily living from the prior sessions of ESWT. Therefore, the request is not medically necessary.

EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) TO THE LUMBAR SPINE (#6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment, Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Shockwave Therapy.

Decision rationale: The California MTUS Guidelines do not address this issue. The ODG states that shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The requesting physician failed to establish compelling circumstances identifying why ESWT for the low back unit be required despite adverse evidence. Therefore, the request is not medically necessary.

A MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: MRI.

Decision rationale: The California MTUS guideline criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, the ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on an MRI. However, this patient is already documented to have had a MRI of the right shoulder performed on November 9, 2013. It is unclear what has significantly changed in the patient's condition that would warrant a repeat MRI at this point. Therefore, the request is not medically necessary.

A MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: The California MTUS guideline criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, the ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on an MRI. However, there is no clear documentation of red flag pathology or a significant change in the patient's symptoms that would warrant a shoulder MRI. This patient has a 2006 date of injury, and has no evidence of any significant change in her pain or a new traumatic injury. It is unclear what a left shoulder MRI would add to her management at this point. It is not clearly

documented when her last shoulder MRI was, and what has changed since her last MRI. Therefore, this request is not medically necessary.

A MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: MRI.

Decision rationale: The California MTUS guidelines support imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, this patient had a lumbar MRI on November 9, 2013. It is unclear what has significantly changed in the patient's condition that would warrant a repeat imaging study at this point. Therefore, the request is not medically necessary.

KETOPROFEN 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Since guidelines do not support topical ketoprofen, this request cannot be substantiated. Therefore, the request is not medically necessary.

CYCLOPHENE 120MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, guidelines do not

support the use of topical muscle relaxants so this request cannot be substantiated. Therefore, the request is not medically necessary.

DICOPANOL 5MG/ML (#150): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - www.nlm.nih.gov.

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

Decision rationale: The California MTUS Guidelines do not address this issue. The ODG states that sedating antihistamines have been suggested for sleep aids, but tolerance seems to develop within a few days. The guidelines further state that next day sedation has also been noted as well as impaired psychomotor and cognitive functions. A review of the records provided indicate the employee has been taking Dicopanol on a long-term ongoing basis, which is not in accordance with guideline recommendations. In addition, there is no indication as to why the employee cannot take an oral tablet and pill and requires an oral suspension. Therefore, the request is not medically necessary.