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| Case Number: | CM14-0014146 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 11/21/2011 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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 Physical Medicine and Rehabilitation 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 44 year-old patient sustained a cumulative trauma injury to the neck on 11/21/11 while employed by [REDACTED]. Request under consideration include one cervical ESI at C3-4 and one cervical ESI at C4-C5, one Transcutaneous Electrical Nerve Stimulation (TENS) Unit, and additional acupuncture. The patient has history of previous cervical discectomy and fusion at C4-6 in 2007. Report of 10/24/12 from ortho provider noted patient had six acupuncture sessions, but it did not help and only had temporary relief with massage therapy. Exam only noted weight of 234 with diagnoses of s/p anterior fusion with plate at C4-6; lumbar spine sprain; rule out stress, depression, and anxiety; rule out sexual dysfunction. Treatment was to discontinue acupuncture. Follow-up report of 4/17/13 noted lumbar spine pain with right lower extremity radiculopathy on left with tingling of foot. Cervical spine exam showed pain and crepitus with muscle tension. Treatment included TENS unit. Report of 12/17/13 from the provider noted patient with neck pain radiating to bilateral arms as well as mid and lower back. Objective findings noted well-healed right sided anterior neck incision with negative tenderness. Diagnoses included cervical spondylotic radiculopathy/stenosis of C4-6 with plan for CESI. Previous utilization review had modified acupuncture request for 6 sessions on 8/27/12. The request for one cervical ESI at c3-4 and one cervical ESI at C4-C5, one Transcutaneous Electrical Nerve Stimulation (TENS) unit, and additional acupuncture were not medically necessary on 1/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL ESI AT C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8.

Decision rationale: This 44 year-old patient sustained a cumulative trauma injury to the neck on 11/21/11 while employed by [REDACTED]. Request under consideration include one cervical ESI at C3-4 and one cervical ESI at C4-C5, one Transcutaneous Electrical Nerve Stimulation (TENS) unit, and additional acupuncture. The patient has history of previous cervical discectomy and fusion at C4-6 in 2007. Report of 10/24/12 from ortho provider noted patient had six acupuncture sessions, but it did not help and only had temporary relief with massage therapy. Exam only noted weight of 234 with diagnoses of s/p anterior fusion with plate at C4-6; lumbar spine sprain; rule out stress, depression, and anxiety; rule out sexual dysfunction. Treatment was to discontinue acupuncture. Follow-up report of 4/17/13 noted lumbar spine pain with right lower extremity radiculopathy on left with tingling of foot. Cervical spine exam showed pain and crepitus with muscle tension. Treatment included TENS unit. Report of 12/17/13 from the provider noted patient with neck pain radiating to bilateral arms as well as mid and lower back. Objective findings noted well-healed right sided anterior neck incision with negative tenderness. Diagnoses included cervical spondylosis/radiculopathy/ stenosis of C4-6 with plan for CESI. Previous utilization review had modified acupuncture request for 6 sessions on 8/27/12. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. EMG/NCV of upper extremities on 3/2/12 has no clear cervical radiculopathy. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The one cervical ESI at C3-4 is not medically necessary and appropriate.

ONE CERVICAL ESI AT C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8.

Decision rationale: This patient sustained a cumulative trauma injury to the neck on 11/21/11 while employed by [REDACTED]. Request under consideration include one cervical ESI AT C3-4 and one cervical ESI AT C4-C5, one Transcutaneous Electrical Nerve Stimulation (TENS) unit, and additional acupuncture. The patient has history of

previous cervical discectomy and fusion at C4-6 in 2007. Report of 10/24/12 from ortho provider noted patient had six acupuncture sessions, but it did not help and only had temporary relief with massage therapy. Exam only noted weight of 234 with diagnoses of s/p anterior fusion with plate at C4-6; lumbar spine sprain; rule out stress, depression, and anxiety; rule out sexual dysfunction. Treatment was to discontinue acupuncture. Follow-up report of 4/17/13 noted lumbar spine pain with right lower extremity radiculopathy on left with tingling of foot. Cervical spine exam showed pain and crepitus with muscle tension. Treatment included TENS unit. Report of 12/17/13 from the provider noted patient with neck pain radiating to bilateral arms as well as mid and lower back. Objective findings noted well-healed right sided anterior neck incision with negative tenderness. Diagnoses included cervical spondylotic radiculopathy/stenosis of C4-6 with plan for CESI. Previous utilization review had modified acupuncture request for 6 sessions on 8/27/12. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. EMG/NCV of upper extremities on 3/2/12 has no clear cervical radiculopathy. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The one cervical ESI at C4-5 is not medically necessary and appropriate.

ONE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This patient sustained a cumulative trauma injury to the neck on 11/21/11 while employed by [REDACTED]. Request under consideration include one cervical ESI at C3-4 and one cervical ESI at C4-C5, one Transcutaneous Electrical Nerve Stimulation (TENS) unit, and additional acupuncture. The patient has history of previous cervical discectomy and fusion at C4-6 in 2007. Report of 10/24/12 from ortho provider noted patient had six acupuncture sessions, but it did not help and only had temporary relief with massage therapy. Exam only noted weight of 234 with diagnoses of s/p anterior fusion with plate at C4-6; lumbar spine sprain; rule out stress, depression, and anxiety; rule out sexual dysfunction. Treatment was to discontinue acupuncture. Follow-up report of 4/17/13 noted lumbar spine pain with right lower extremity radiculopathy on left with tingling of foot. Cervical spine exam showed pain and crepitus with muscle tension. Treatment included TENS unit. Report of 12/17/13 from the provider noted patient with neck pain radiating to bilateral arms as well as mid and lower back. Objective findings noted well-healed right sided anterior neck incision with negative tenderness. Diagnoses included cervical spondylotic radiculopathy/stenosis of C4-6 with plan for CESI. Previous utilization review had modified acupuncture

request for 6 sessions on 8/27/12. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for unspecified rental/purchase. The one Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary and appropriate.

ADDITIONAL ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: This 44 year-old patient sustained a cumulative trauma injury to the neck on 11/21/11 while employed by [REDACTED]. Request under consideration include one cervical ESI AT C3-4 and one cervical ESI at C4-C5, one Transcutaneous Electrical Nerve Stimulation (TENS) unit, and additional acupuncture. The patient has history of previous cervical discectomy and fusion at C4-6 in 2007. Report of 10/24/12 from ortho-provider noted patient had six acupuncture sessions, but it did not help and only had temporary relief with massage therapy. Exam only noted weight of 234 with diagnoses of s/p anterior fusion with plate at C4-6; lumbar spine sprain; rule out stress, depression, and anxiety; rule out sexual dysfunction. Treatment was to discontinue acupuncture. Follow-up report of 4/17/13 noted lumbar spine pain with right lower extremity radiculopathy on left with tingling of foot. Cervical spine exam showed pain and crepitus with muscle tension. Treatment included TENS unit. Report of 12/17/13 from the provider noted patient with neck pain radiating to bilateral arms as well as mid and lower back. Objective findings noted well-healed right sided anterior neck incision with negative tenderness. Diagnoses included cervical spondylotic radiculopathy/ stenosis of C4-6 with plan for CESI. Previous utilization review had modified acupuncture request for 6 sessions on 8/27/12. Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2011 injury with ongoing chronic pain complaints. The MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement.

Review indicated the patient has received at least 6 prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. The previous provider also had discontinued acupuncture noting lack of relief. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The additional acupuncture is not medically necessary and appropriate.