MAXIMUS Federal Services

Case Number:	CM14-0113841		
Date Assigned:	08/06/2014	Date of Injury:	09/17/2011
Decision Date:	10/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 62-year-old female who reported an injury on 09/17/2011. The mechanism of injury was when the injured worker tripped over a wire causing her head to jerk back and landed on her chest. The diagnoses included myofascial pain syndrome, sprain/strain of the cervical spine, hip and trapezius, and tension headaches. The previous treatments included medication, acupuncture, deep tissue massage, chiropractic sessions, and physical therapy. The diagnostic testing included x-rays and MRIs. Within the clinical note dated 05/30/2014 it was reported the injured worker complained of left sided neck pain. The injured worker reported having 18 sessions of acupuncture with 50% pain relief. The injured worker rated her pain 4/10 to 8/10 in severity across the left neck and upper trapezius. The injured worker reported to have a sharp pain radiating into the left axilla, upper arm, elbow, wrist and 4th and 5th fingers. Upon physical examination the provider noted that the injured worker's cervical spine revealed a restricted range of motion with right lateral bending limited to 50 degrees due to pain, left lateral bending limited to 45 degrees. The provider noted the paravertebral muscles had tight muscle band and trigger points. A twitch response was obtained along with radiating pain on palpation. The provider noted that the Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. The injured worker had positive facet loading at left C3 and C4. Upon examination of the elbow the provider noted swelling and nodules. The injured worker had tenderness to palpation of the left lateral elbow. The injured worker had decreased sensation to light touch over the left lateral forearm, ulnar aspect hand, 5th, 4th, and 3rd finger. The provider requested 6 monthly followup visits, acupuncture secondary to 50% benefit in the past, cervical trigger point injections with US guidance for the presence of spasms, headaches, and pain, medial branch blocks, a TENS unit, and Vicodin for pain. The Request for Authorization was submitted on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 monthly follow up visits: 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), Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The request for 6 monthly follow up visits is not medically necessary. The California MTUS/ACOEM Guidelines state physician follow-ups can occur when it relates to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected on average. Subsequently, a followup can occur when there is need for altered treatment, relates to modified or increased full duty. Typically, this will be no later than 1 week into the acute pain. The request submitted failed to specify the type of followup the injured worker is to undergo. The provider failed to document an adequate and complete assessment of pain to support the continued treatment for follow-ups. Therefore, the request is not medically necessary.

Acupuncture 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2x4 is not medically necessary. The Acupuncture Medical Treatment Guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects and medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a treatment frequency of 1 to 3 times per week. An optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has been utilizing acupuncture sessions since at least 01/2014 which exceeds the optimum duration of 1 to 2 months. The injured worker has utilized 18 sessions of acupuncture treatment which exceeds the guidelines recommendations of 3 to 6 treatments. Therefore, the request is not medically necessary.

Cervical Trigger Point injections w/ US Guidance x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The request for cervical trigger point injections w/ us guidance x 2 is not medically necessary. The California MTUS Guidelines recommend cervical trigger point injections only for myofascial pain syndrome with limited lasting value, and is not recommended for radicular pain. Trigger point injections with local anesthetic may be recommended for the treatment of chronic back or neck pain with myofascial pain syndrome when all of the following criteria are met. Including: documentation of circumscribed trigger points with evidence of upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session. There is significant lack of documentation indicating the injured worker had therapies such as ongoing stretching, physical therapy, NSAIDs and muscle relaxants that have failed to control pain. The clinical documentation submitted does indicate the injured worker has evidence of radiculopathy. Therefore, the request is not medically necessary.

Left C3-C4 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks.

Decision rationale: The request for left C3-C4 medial branch block is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. In addition, the Official Disability Guidelines note facet joint diagnostic blocks are performed with the anticipation that if successful, treatments may proceed to facet neurotomy at the diagnosed levels. The guidelines note clinical presentation should be consistent with facet joint pain, signs and symptoms. The guidelines note 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should be approximately 2 hours for lidocaine. The guidelines note medial branch blocks are limited to patients with cervical pain that is not radicular and at no more than 2 levels bilaterally. The guidelines recommend the documentation of failure of conservative treatment including home exercise, physical therapy, NSAID's prior to the procedure for at least 4 to 6 weeks, and no more than 2 joint levels are injected in one session. There is lack of documentation indicating the injured worker had tried and failed in at least 4 to 6 weeks of conservative therapy. There is lack of significant neurological deficits such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution. The

request submitted failed to provide the number of injections to be given in one session. Therefore, the request is not medically necessary.

TENS Unit for 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for TENS unit for 30 day trial is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There is evidence that other appropriate pain modalities have been tried and failed including medication. There is lack of clinical documentation indicating the injured worker had tried and failed on conservative therapy. There is lack of documentation indicating the request used as an adjunct to a program of evidence based restoration. The provider failed to provide treatment type. Therefore, the request is not medically necessary.

Vicodin 5-300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Vicodin 5-300mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen wherein patient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.