

Case Number:	CM14-0175381		
Date Assigned:	10/28/2014	Date of Injury:	11/14/2012
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 31-year-old female with a date of injury of 11/14/2012. The listed diagnoses per [REDACTED] are: 1. C4-C5 and C5-C6 disk herniation syndrome with radiculopathy; and 2. Bilateral hand/wrist mild tendonitis and carpal tunnel syndrome. According to progress report 09/23/2014, the patient presents with neck, shoulder, arm, hand, and wrist pain. The patient complains of pain rated as 10/10 on a pain scale. She is taking Motrin but states it does not help. Examination of the cervical spine revealed painful cervical extension and extreme tightness in the levator scapulae musculature. Examination of the bilateral shoulders revealed tenderness in the acromioclavicular joint. Impingement sign is positive. Examination of the bilateral wrists and hands revealed some pain with range of motion. Tinel's and Phalen's signs are positive. The patient is currently working. The treating physician is requesting acupuncture 8 sessions, corticosteroid-lidocaine trigger block, and tramadol ER 150 mg #60. Utilization review denied the request on 10/17/2014. Treatment reports from 01/16/2014 through 09/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1; Acupuncture Medical Treatment Guidelines.<http://www.dir.ca.gov/dwc/DWCPropRegs/Medi>.

Decision rationale: This patient presents with neck, shoulders, arm, hands, and wrist pain. The treating physician is requesting acupuncture 8 sessions. Utilization modified this certification from the requested 8 sessions to 4 sessions. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. Progress report 4/8/14 states that the patient is "attending acupuncture." The number of treatments received and the outcomes from these treatments are not discussed. For additional treatment, MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND reduced dependence on medical treatments. Given the treating physician has not documented functional improvement, additional sessions cannot be supported. Therefore the request is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 88-89,78.

Decision rationale: This patient presents with neck, shoulder, arms, hand, or wrist pain. The treating physician is requesting a refill of tramadol ER 150 mg #60. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates that the patient has been prescribed this medication since at least 04/08/2014. In this case, the treating physician provides no discussion regarding the efficacy of tramadol ER 150 mg. The treating physician has documented patient's current pain level, but there are no specific ADLs to show significant change, and no outcome measures are provided to show how the medication is used and with what effect. Validated instruments are not used, urine drug screens are not provided, and there is no CURES report mentioned for appropriate opiates management. Given the lack of sufficient documentation demonstrating the efficacy from chronic opiate use, the request is not medically necessary.

Corticosteroid Lidocaine Trigger Point Block: Upheld

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

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

Decision rationale: This patient presents with neck, shoulder, arm, hand, and wrist pain. The treating physician is requesting authorization for corticoid steroid lidocaine trigger point block, as she has "definite point tenderness in the levator scapulae area." MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial painsyndrome as indicated below, with limited lasting value." Criteria for use includesdocumentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is no evidence of prior Trigger Point Injections for this patient. The reports provided do not show documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain," as required by MTUS. Therefore the request is not medically necessary.