

<b>Case Number:</b>	CM14-0026661		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Illinois. 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 52-year-old female with a reported date of injury on 08/08/2012. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include cervical disc bulge with radiculitis, bilateral carpal tunnel syndrome, lumbar disc bulge with radiculitis, shoulder tendonitis bilaterally, and thoracic outlet syndrome. Her previous treatments were noted to include acupuncture, psychological treatment, physical therapy, and medications. The progress note dated 02/12/2014 revealed the injured worker complained of sharp migraine headaches, neck pain rated 5/10, bilateral shoulder pain rated 6/10, abdominal nausea and nervousness rated 8/10, and bilateral mid back muscle spasms rated 7/10. The physical examination revealed full and equal deep tendon reflexes, severe left hand grip weakness, cervical distraction elicited pain in the cervical spine and decrease tension in the shoulders were positive bilaterally. There was a positive Speed's test, Codman's, and Phalen's test. The cervical range of motion was noted to be diminished. The lumbosacral range of motion testing was noted to be diminished. The left shoulder range of motion testing was noted to be diminished. The right shoulder range of motion testing was noted to be diminished. There were positive Tinel's and Phalen's signs on the bilateral arms. An electrodiagnostic study performed on an unknown date revealed evidence of mild, right greater than left carpal tunnel syndrome (median nerve entrapment at the wrist), and mild, bilateral distal ulnar neuropathy affecting sensory components. The study revealed no evidence of cervical radiculopathy. An MRI to the cervical spine performed on an unknown date revealed early disc desiccation noted at C2-3 to C6-7 levels and annular tears at C2-3, C3-4 and C6-7 levels. The Request for Authorization Form dated 02/12/2014 was for acupuncture due to pain, cervical epidural steroid injection for cervical and lumbar pain, psych for anxiety and depression, a TENS unit for pain, and Tramadol 50 mg one daily to twice a day as needed for pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, twelve visits (2x6), cervical and lumbar spine:** 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, 12 visits for the cervical and lumbar spine is not medically necessary. The injured worker has been going to acupuncture 2 times a week. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and 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 the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend the time to produce functional improvement is 3 to 6 treatments, about 1 to 3 times a week. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding improved functional status with regards to acupuncture and the injured worker has been receiving acupuncture treatments; however, the number of sessions completed is not documented. Therefore, due to the lack of improved functional status and the unknown number of previous treatments, acupuncture is not warranted at this time. Therefore, the request is not medically necessary.

**Cervical epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The request for a cervical epidural steroid injection is not medically necessary. The injured worker has been diagnosed with cervical radiculitis. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts, including a continuing home exercise program. There is little information on improved function. The guideline criteria for the use of epidural steroid injections include radiculopathy which must be documented by physical examination or corroborated by imaging studies, and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatments (exercise, physical methods, NSAIDs, and muscle relaxants). The injections must be performed using fluoroscopy for guidance. If used for

diagnostic purposes and maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected in 1 session. During the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including 50% pain relief with associated reduction of medication used for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region, per year. There is a lack of documentation showing significant neurological deficits, such as decreased motor strength or sensation in a specific dermatomal distribution. Additionally, the electrodiagnostic study and the MRI revealed no evidence of cervical radiculopathy. The request failed to provide the levels at which the steroid injection is to be given. Therefore, the request is not medically necessary.

**Psych:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS; PSYCHOLOGICAL TREATMENT Page(s): 100-101; 101-102.

**Decision rationale:** The request for psych is not medically necessary. The injured worker has been receiving psychological treatment through her own private insurance carrier. The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluation as well-established diagnostic procedures, not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluation should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient and their social environment, thus allowing for more effective rehabilitation. The guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain benefits and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The approach to pain management that involves psychological intervention has been suggested as to identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of a psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. The guidelines also state to identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The guidelines

also state the pain is sustained despite of continued therapy (including the above psychological care). The intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. The injured worker has been receiving psychological treatment through her own private insurance carrier, and the request failed to indicate whether this is a psychological evaluation or treatment. Therefore, the request is not medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114.

**Decision rationale:** The request for a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary. The injured worker has complaints of neck and low back pain. The California Chronic Pain Medical Treatment Guidelines state electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. The guidelines state a TENS unit is not recommended as a primary treatment modality, but 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. The criteria for the use of a TENS unit is documentation of pain of at least 3 months duration with evidence that other appropriate pain modalities have been tried and failed. A 1-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach), with documentation of how often the TENS unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial period. Other ongoing pain treatments should also be documented during the trial period, including medication usage. There is a lack of documentation regarding a 1-month trial of a TENS unit has been attempted and the request failed to provide whether this is for rental or purchase. Additionally, there is a lack of documentation regarding whether the TENS unit will be used as an adjunct to ongoing treatment modalities within a functional restoration approach. Therefore, the request is not medically necessary.

**Tramadol 50mg 1 po bid as needed for pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The request for tramadol 50 mg, one by mouth twice daily as needed for pain #90 is not medically necessary. The injured worker has been taking this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the

4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of documentation with evidence of decreased pain on a numerical scale, improved functional status, or side effects. The documentation indicated the injured worker had a urine drug screen performed 10/2013 with negative results regarding tramadol. Therefore, due to the lack of evidence regarding significant pain relief, increased functional status, and side effects, the ongoing use of opioid medication is not supported by the guidelines. As such, the request is not medically necessary.