

<b>Case Number:</b>	CM14-0038402		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, low back, wrist, and hand pain reportedly associated with an industrial injury of September 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of acupuncture over the life of the claim; a functional capacity testing; and work restrictions. In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for electroacupuncture, manual acupuncture, myofascial release therapy, electrical stimulation therapy, infrared therapy, cupping, diathermy, topical compounds, Tylenol No. 3, Motrin, a psychosocial factor screening, functional capacity evaluation, and range of motion testing. The applicant's attorney subsequently appealed. In a February 26, 2014 progress note, the applicant reported multifocal wrist, hand, mid back, low back, and knee pain, constant, moderate-to-severe. Spasm and limited range of motion were noted about numerous body parts. The applicant was paying out of pocket for massage therapy. The applicant was concurrently receiving acupuncture, it was acknowledged. The applicant was also receiving group psychotherapy. The attending provider stated that the applicant had improved in her ability to comb her hair and further stated that the applicant's pain scores have dropped from 7/10 to 6/10 with completion of six prior sessions of acupuncture. Topical compounds, Tylenol No. 3, Motrin, functional capacity testing, and various acupuncture associated modalities were also sought. The applicant was given work restrictions, which the attending provider stated that the applicant's employer was unable to accommodate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro Acupuncture (6-visits, for the cervical, thoracic and lumbar spine, and the left knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request in question represents a renewal request for acupuncture. As noted Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, there has been no such demonstration of functional improvement as defined in Section 9792.20f. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including massage therapy, acupuncture, physical therapy, topical compounds, etc. All of the above, taken together, suggests a lack of functional improvement as defined in Section 9792.20f, despite completion of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request is not medically necessary.

**Manual Acupuncture (6-visits, for the cervical, thoracic and lumbar spine, and the left knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request in question represents a renewal request for acupuncture. As noted in the Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. The applicant continues to remain highly reliant and highly dependent on numerous forms of medical treatment, including topical compounds, opioid agents, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

**Myofascial Release (6-visits, for the cervical, thoracic and lumbar spine, and the left knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic.; Physical Medicine topic. Page(s): 60; 98.

**Decision rationale:** The applicant appears to have had prior massage therapy in excess of the four- to six-session course recommended in the Chronic Pain Medical Treatment Guidelines for massage therapy. It is further noted that massage therapy be employed only as an adjunct to other recommended treatments, such as exercise. Furthermore, guidelines states that passive modalities such as myofascial release therapy/massage therapy should be employed "sparingly" during the chronic pain phase of a claim, to facilitate active rehabilitation. In this case, however, it appears that the applicant has been receiving weekly massage therapy for an unspecified amount of time. Continued pursuit of a passive modality such as massage is not indicated at this late stage in the life of the claim, several years removed from the date of injury. Therefore, the request is not medically necessary.

**Electrical Stimulation (6-visits, for the cervical, thoracic and lumbar spine, and the left knee):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, passive modalities such as electrical stimulation should be employed "sparingly" during the chronic pain phase of a claim, to facilitate more active rehabilitation. In this case, it is not clearly stated why so many different passive modalities, namely electrical stimulation, myofascial release, infrared therapy, etc. are all being concurrently sought. The request, thus, runs counter to the California MTUS Guidelines principles and parameters. Therefore, the request is not medically necessary.

**Infrared (6-visits, for the cervical, thoracic and lumbar spine, and the left knee):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy topic. Page(s): 57.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, low-level laser therapy is "not recommended" in the chronic pain context present here. No compelling rationale for selection of this particular modality in conjunction with numerous other passive treatments was proffered by the attending provider. Therefore, the request is not medically necessary.

**Cupping (6-visits, for the cervical, thoracic and lumbar spine, and the left knee):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98.

**Decision rationale:** Cupping represents a form of heat therapy, commonly employed in conjunction with acupuncture. As noted in the Chronic Pain Medical Treatment Guidelines, however, passive modalities such as cupping should be employed "sparingly" during the chronic pain phase of a claim, to facilitate active rehabilitation. It is unclear why so many different passive modalities are being sought at this late stage in the life of the claim, approximately two years removed from the date of injury. No rationale for selection of this particular article was proffered. It was not stated whether or not this request was intended as a stand-alone request or as a request in conjunction with concurrently sought acupuncture. Therefore, the request is not medically necessary.

**Diathermy (6-visits, for the cervical, thoracic and lumbar spine, and the left knee): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 300; 365; 173-174.

**Decision rationale:** As noted in the ACOEM Practice Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive modalities such as diathermy. The ACOEM Practice Guidelines note that these passive modalities should be employed in conjunction with a program of functional restoration and focus on returning applicants to normal activities of daily living. Guidelines also note that physical modalities such as diathermy have no "proven efficacy" in treating low back pain complaints, as are also present here. Guidelines also note that physical modalities such as diathermy have "no scientifically proven efficacy" in treating hand, wrist, and/or forearm symptoms, as are also present here. In this case, it is unclear why the attending provider placed such emphasis on diathermy and numerous other passive modalities, despite the unfavorable ACOEM position on the same and despite the ACOEM injunction to employ passive modalities in conjunction with a program of functional restoration. Therefore, the request is not medically necessary.

**Topical Compound ( Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180gn with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, gabapentin, one the ingredients in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended. Therefore, the request is not medically necessary.

**Topical Compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180gm with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, neither baclofen nor cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended. Therefore, the request is not medically necessary.

**Tylenol #3 Quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work, on total temporary disability. The attending provider has not outlined any marked decrements in pain or material improvements in function achieved as a result of ongoing opioid usage. The applicant's comments to the effect that she is now able to comb her hair and that her pain scores were reduced from 7 to 6/10 with ongoing treatment appear to be marginal to negligible benefits, at best, which are, furthermore, outweighed by the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.

**Motrin 800mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): page 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22; 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent a traditional first-line treatment for various chronic pain conditions, including the chronic low back pain present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The applicant's pain complaints do not appear to have been markedly reduced from visit to visit, despite ongoing usage of Motrin. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid agents such as Tylenol No. 3, and the numerous passive modalities, concurrently sought above. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Motrin usage. Therefore, the request is not medically necessary.

**Qualified Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 137 and 138

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation could be considered when necessary to translate medical impairment into limitations and restrictions. In this case, however, the applicant is off of work. The applicant does not appear to have a job to return to. The applicant is now several years removed from the date of injury and does not appear to have formed any active intention to return to workplace and/or workforce. It is unclear what role formal quantification of the applicant's deficits via a functional capacity evaluation would serve. Therefore, the request is not medically necessary.

**Follow Up Visit with Range of Motion Measurement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment Fifth additions page 593

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 170; 293.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements such as low back are of "limited value" because of marked variation amongst applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 8, page 170 also notes that range of motion measurements of the neck and upper back are of "limited value" because of the marked variation amongst applicants with and without symptoms. In this case, the attending provider did not proffer any compelling applicant-

specific rationale or medical evidence which would offset the unfavorable ACOEM position on formal range of motion measurement testing. It was not clearly stated how (or if) range of motion testing would influence or alter the treatment plan. Therefore, the request is not medically necessary.

**Retrospective Acumar Range of Motion for the Left Wrist ( 02/26/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment Fifth additions page 593

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 257: "Evaluating active and passive range of motion" within the applicant's limits or comfort are part and parcel of the attending provider's usual and customary regional examination of the forearm, hand, and wrist. Formal computerized "Acumar" range of motion testing, thus, are not supported by ACOEM, which endorses active and passive range of motion testing of the injured hand and wrist. No rationale for the "Acumar" computerized testing in question was proffered by the attending provider. It was not stated how (or if) this particular test influenced the treatment plan. Therefore, the request was not medically necessary.