

Case Number:	CM14-0057634		
Date Assigned:	07/09/2014	Date of Injury:	10/07/2013
Decision Date:	09/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Preventive Medicine has a subspecialty in Occupational 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 being treated for cervical sprain, Left knee and leg sprain, degenerative medial meniscus left knee due to a work injury of 10/07/2013. The worker complains of worsening pain in the left shoulder and knee. The pain ranges between 5-6/10. There is associated tingling, numbness and weakness, of unspecified body part. The physical examination revealed limitation of range of motion of the neck, normal range of motion of the left knee. The injured worker is tender to touch in the left knee, neck, and left shoulder. The worker was placed on limited duty, and a request was made for Acupuncture times six for the Left Shoulder, Cervical Spine; Cortisone Injection to the Left Knee, Cortisone Injection to the Cervical Spine Cyclobenzaprine 7.5 mg #30, and LidoPro 4oz, but these are being disputed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times six for the Left Shoulder, Cervical Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Acupuncture , page(s) 8-9.

Decision rationale: The medical report reveals the prescriber is requesting for additional acupuncture as the injured worker's medications have been decreased while the worker continues to experience pain. The report reviewed did not provide evidence showing the injured worker had functional improvement while on acupuncture treatment. The MTUS recommends extension of Acupuncture treatments if functional improvement is documented therefore, this request is not medically necessary.

Cortisone Injection to the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Corticosteroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Knee Complaints Online Edition, 08/27/2014.

Decision rationale: The injured worker sustained a work related injury on 10/07/2013. The medical records provided indicate the diagnosis of cervical sprain, Left knee and leg sprain, degenerative medial meniscus left knee. The medical records provided for review do not indicate a medical necessity for Cortisone Injection to the Left Knee. The MTUS has an optional recommendation for steroid injections of the knee, because the panel interpretation of the information did not meet inclusion criteria for research-based evidence. In addition, the MTUS states that invasive techniques, like cortisone injections, may introduce infection in an otherwise sterile environment. Furthermore, the medical records did not provide information on how the diagnosis was arrived at. The injured worker was noted to complain of pain, had normal range of motion of the knee, but tenderness to touch. The records did not provide information on detailed knee examination like swelling, warmth, crepitus, and findings on special tests therefore, this request is not medically necessary.

Cortisone Injection to the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 10/07/2013. The medical records provided indicate the diagnosis of

cervical sprain, Left knee and leg sprain, degenerative medial meniscus left knee. The medical records provided for review do not indicate a medical necessity for Cortison Injection to the Cervical Spine. This is because; the MTUS has certain criteria for Epidural steroid injections, which were not met. The MTUS recommends that radicular in the history and examination of the patient must be confirmed by either MRI or nerve studies; there must be evidence of unresponsiveness to conservative treatment, like exercises, physical methods, NSAIDs and muscle relaxants. The case reviewed provided no documented evidence of either MRI or nerve studies confirming radiculopathy. Similarly, the records did not show evidence of failed conservative treatment therefore, this request is not medically necessary.

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 61; 64.

Decision rationale: The MTUS recommends this as a second line option for acute exacerbations of chronic low back pain. The recommended dose is 5 mg three times a day, but can be increased to 10 mg three times a day not to be used for longer than 2-3 weeks. The MTUS makes no mention of its use for neck pain therefore, this request is not medically necessary.

LidoPro 4oz: Upheld

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

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

Decision rationale: LidoPro is a compound formulation containing Lidocaine, Capsaicin, Salicylate, and Menthol. The topical analgesic are experimental drugs are recommended for use in the treatment of neuropathic pain not responding to antidepressants or anticonvulsants. The records reviewed do not suggest the pain is neuropathic in origin, neither does it provide information of failed treatment with either antidepressants or muscle relaxants. Additionally, the MTUS recommends against the use of any compounded topical analgesic containing and drug that is not recommended. Both Menthol and Salicylate in the formulation are not recommended therefore, this request is not medically necessary.