

Case Number:	CM14-0114585		
Date Assigned:	08/04/2014	Date of Injury:	06/03/2013
Decision Date:	11/06/2015	UR Denial Date:	06/20/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 was a 47 year old female, who sustained an industrial injury, June 3, 2013. According to progress note of February 3, 2014, the injured worker's chief complaint was cervical spine pain rated at 2 out of 10. Lumbar spine pain was rated at 5 out of 10. The bilateral shoulder pain was 3 out of 10. The bilateral wrist pain was 4 out of 10. The bilateral ankle and feet pain were 2 out of 10. The bilateral knee pain was 4 out of 10. The physical exam noted decreased range of motion of the lumbar spine, flexion of 50 degrees and extension of 20 degrees. The straight leg raises were positive bilaterally. The injured worker reported on January 27, 2014 was able to sit longer after acupuncture treatments. The pain level on April 29, 2014 was decreased to 4 at best, 5 at worse and average pain of 4 with the electro-acupuncture and infrared with hot packs. The injured worker was undergoing treatment for sprain of neck, lumbar region sprain, shoulder and arm sprain and ankle sprain and or strain, cervical spine disc protrusion, lumbar spine with multilevel small disc protrusions L5-S1 and bilateral shoulder tendonitis. The injured worker previously received the following treatments Omeprazole, tramadol ER, left foot x-rays, lumbar spine x-rays, left wrist x-rays, right wrist x-rays, right ankle x-rays, left shoulder x-ray, right knee x-ray, left ankle x-rays, left knee x-ray, right calcaneus x-ray, cervical spine x-ray, right foot x-ray, right and left shoulder CT scan, cervical spine CT scan, right knee CT scan, left knee CT scan, lumbar spine CT scan and 12 acupuncture treatment with infrared treatments to the lumbar spine. The RFA (request for authorization) dated May 5, 2014, the following treatments were requested infrared electric acupuncture for 15 minutes, Capsaicin Patches 2-3 time 4 for the shoulders, Orthopedic initial consultation (shoulder and arm), Neurosurgical consultation for the cervical spine and initial evaluation at

high complexity with ophthalmologist (neck) The UR (utilization review board) denied certification on June 23, 2014; was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared electrical acupuncture 15 minutes, and Capsacin Patch 2-3 x 4 (shoulder/arm):
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back; Infrared therapy (IR); Compound Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Heat therapy, Infrared.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The California MTUS guidelines and the ACOEM Guidelines do not specifically address this topic. ODG states that infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain but only as an adjunct to a program of evidence-based conservative care. Furthermore, although MTUS generally recommends a trial of acupuncture, duration must be specified to assess for medical necessity. A duration for this patient's requested infrared electrical acupuncture was not specified. Additionally, Capsacin is not indicated without clear documentation of failed alternative therapies. Therefore, based on the submitted medical documentation, the request for infrared electrical acupuncture and capsacin is not medically necessary.

Initial orthopedic consultation for the shoulder/arm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines page 127 and on the Official Disability Guidelines (ODG) Shoulder office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a orthopedic consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent orthopedic disease which has failed conservative therapy requiring consultation. The California MTUS guidelines address the issue of consultants for back and neck related pain by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has been documented to have sprain of the neck, lumbar region,

shoulder, ankle and arm on physical exam. The medical records indicate that they have chronic pain syndrome with spinal disc symptoms, which are non-diagnostic. The response of conservative therapy to physical signs of tissue insult or nerve impairment is not documented. Since specialty consults are not indicated without proof of failed medical/conservative therapy, this request is not indicated. Therefore, based on the submitted medical documentation, the request for orthopedic consultation is not-medically necessary.

Infrared electrical acupuncture 15 minutes, and Capsacin Patch 2-3 x 4 (neck): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck; Infrared therapy (IR); Compound Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Heat therapy, Infrared.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The California MTUS guidelines and the ACOEM Guidelines do not specifically address this topic. ODG states that infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain but only as an adjunct to a program of evidence-based conservative care. Furthermore, although MTUS generally recommends a trial of acupuncture, duration must be specified to assess for medical necessity. A duration for this patient's requested infrared electrical acupuncture was not specified. Additionally, Capsacin is not indicated without clear documentation of failed alternative therapies. Therefore, based on the submitted medical documentation, the request for infrared electrical acupuncture and capsacin is not medically necessary.

Neurosurgeon (NS) consultation of the spine and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines page 127 and on the Official Disability Guidelines (ODG) Neck & Upper Back office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a neurosurgical consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent orthopedic disease which has failed conservative therapy requiring consultation. The California MTUS guidelines address the issue of consultants for back and neck related pain by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has been documented to have sprain of the neck, lumbar region, shoulder, ankle and arm on physical exam. The medical records indicate that they have chronic

pain syndrome with spinal disc symptoms, which are non-diagnostic. The response of conservative therapy to physical signs of tissue insult or nerve impairment is not documented. Since specialty consults are not indicated without proof of failed medical/conservative therapy, this request is not indicated. Therefore, based on the submitted medical documentation, the request for neurosurgeon consultation is not-medically necessary.

Initial evaluation at high complexity with Ophthalmologist (neck): 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): Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an ophthalmology evaluation for this patient. The California MTUS guidelines state: "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present." There is no indication or documentation that the patient's symptoms have failed conservative medical therapy. The clinical records also do not support that the patient has any red flags which are new or significant enough to warrant specialty consultation. Therefore, based on the submitted medical documentation, the request for a complex ophthalmology consultation is not-medically necessary.