

Case Number:	CM14-0166469		
Date Assigned:	10/13/2014	Date of Injury:	07/01/2014
Decision Date:	08/04/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 33 year-old male who sustained an industrial injury on 07/01/14. He reports neck, back, and left upper/lower extremity pain after a motor vehicle accident. Initial diagnoses include neck and lumbar spine strain. Treatments to date include physical therapy, chiropractic treatment, lumbar MRI, pain medication management, and acupuncture. He is status post L5-S1 laminotomy/facetectomy 2011, with residual low back and left leg pain. In a progress note dated 08/28/14, the injured worker reports neck pain, exacerbation of low back/left leg pain, and left arm pain with pain rated as a 4/10, 7/10, 3/10 respectively. Physical examination of the cervical spine was remarkable for tenderness over the right occiput which causes headache and there is tightness palpable over left greater than right upper trapezius, rhomboids, and cervical paraspinals. Right lateral bending causes shooting pain to the left shoulder. Range of motion is decreased. Findings are consistent with left C7 radiculopathy. He has been responding with some improvement to chiropractic treatments. Treatment recommendations include cervical MRI to rule out herniated disc at C6-7, acupuncture treatment for the cervical and lumbar spine, and a trial of baclofen 10 mg at bedtime; the goal is to get him off his opiates again. The injured worker is under total temporary disability. Date of Utilization Review: 09/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, Chronic neck pain, radiographs show bone or disc margin destruction, Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal", Known cervical spine trauma: equivocal or positive plain films with neurological deficit, Upper back/thoracic spine trauma with neurological deficit. The treating physician has provided documentation of radiculopathy and dermatomal distribution of pain to meet the criteria above. The medical documentation provided indicate this patient has continued to have complaints of pain and radiculopathy despite conservative treatment. As such the request for Cervical MRI without contrast is medically necessary.

Acupuncture for lumbar and cervical spine qty. 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an

option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The medical documentation provided indicate this patient has had previous acupuncture therapy. There is no evidence provided that indicates the patient has experienced functional improvements as a result of acupuncture. As such, the request Acupuncture for lumbar and cervical spine qty. 6 is not medically necessary.

Trial of Baclofen 10mg, qty. 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: Baclofen is classified as a muscle relaxant. MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)" The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. As such, the request for Trial of Baclofen 10mg, qty. 30 is not medically necessary.