

Case Number:	CM14-0182797		
Date Assigned:	11/07/2014	Date of Injury:	07/01/2011
Decision Date:	02/06/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 58-year-old female with a 7/1/11 date of injury. At the time (8/22/14) of request for authorization for Physical Therapy 12 both shoulder, lumbar & cervical spine, right hip, bilateral knees & ankles; Acupuncture x 6 sessions, both shoulder, lumbar & cervical spine, right hip and bilateral knees; Lyrica 75mg #60 refill 1; Naproxen cream BID 240gm; Left knee Injection; and Cervical Trigger Point injection, there is documentation of subjective (upper back, shoulder, low back, hip, knee, and ankle pain) and objective (antalgic gait, tenderness over the lumbosacral, bilateral medial joint lines, cervical, bicep tendon groove, acromioclavicular joint, and superior deltoid; decreased cervical, shoulder, bilateral knees, and lumbar range of motion with pain; positive straight leg raising test; positive McMurray's test; positive knee crepitation; positive cervical compression test; positive Hawkin's sign; and positive Neer's test) findings, current diagnoses (cervical spine sprain/strain, bilateral shoulder strain, impingement syndrome, lumbar spine sprain/strain, right hip strain, bilateral knee strain, and bilateral ankle strain), and treatment to date (3 previous acupuncture treatments and 6 previous physical therapy treatments). Medical report identifies that the requested knee injection is a cortisone injection. Regarding Physical Therapy 12 both shoulder, lumbar & cervical spine, right hip, bilateral knees & ankles and Acupuncture x 6 sessions, both shoulder, lumbar & cervical spine, right hip and bilateral knees, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy and acupuncture provided to date. Regarding Naproxen cream BID 240gm, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist; and failure of an oral NSAID or contraindications to oral NSAIDs. Regarding Left knee Injection, there is no documentation of symptomatic severe

osteoarthritis of the knee. Regarding Cervical Trigger Point injection, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; additional medical management therapies (NSAIDs and muscle relaxants) have failed to control pain; and no more than 3-4 injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 both shoulder, lumbar & cervical spine, right hip, bilateral knees & ankles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ankle & foot; Low back, Neck & Upper back, Hip & Pelvis, AND Knee & Leg, Physical therapy (PT); Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with diagnoses of sprains and strains of neck, impingement syndrome, lumbar sprains and strains not to exceed 10 visits over 8 weeks, a diagnosis of sprains and strains of knee not to exceed 12 visits over 8 weeks, and diagnoses of sprains and strains of hip and ankle sprain not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, bilateral shoulder strain, impingement syndrome, lumbar spine sprain/strain, right hip strain, bilateral knee strain, and bilateral ankle strain. In addition, there is documentation of 6 physical therapy treatments already completed. However, given the request for 12 additional physical therapy treatments, that in addition to the 6 physical therapy treatments already completed, would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for

physical therapy 12 both shoulder, lumbar & cervical spine, right hip, bilateral knees and ankles is not medically necessary.

Acupuncture x 6 sessions, both shoulder, lumbar & cervical spine, right hip and bilateral knees: 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 Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, bilateral shoulder strain, impingement syndrome, lumbar spine sprain/strain, right hip strain, bilateral knee strain, and bilateral ankle strain. In addition, there is documentation of 3 previous acupuncture treatments, and given the requested 6 additional acupuncture sessions, exceeds guidelines. Furthermore, there is documentation that acupuncture will be used as an option to reduce pain. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments to date. Therefore, based on guidelines and a review of the evidence, the request for acupuncture x 6 sessions, both shoulder, lumbar and cervical spine, right hip and bilateral knees is not medically necessary.

Lyrica 75mg #60 refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED's) Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of

Lyrica. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, bilateral shoulder strain, impingement syndrome, lumbar spine sprain/strain, right hip strain, bilateral knee strain, and bilateral ankle strain. In addition, there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Lyrica 75mg #60 refill 1 is medically necessary.

Naproxen cream twice a day 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, bilateral shoulder strain, impingement syndrome, lumbar spine sprain/strain, right hip strain, bilateral knee strain, and bilateral ankle strain. In addition, there is documentation of short-term use (4-12 weeks). However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Naproxen cream twice a day 240gm is not medically necessary.

Left knee injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injections.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); failure of conservative

treatment (exercise, NSAIDs or acetaminophen); Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response and the number of injections should be limited to three, as criteria necessary to support the medical necessity of corticosteroid injections to the knee. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, bilateral shoulder strain, impingement syndrome, lumbar spine sprain/strain, right hip strain, bilateral knee strain, and bilateral ankle strain. However, there is no documentation of symptomatic severe osteoarthritis of the knee. Therefore, based on guidelines and a review of the evidence, the request left knee injection is not medically necessary.

Cervical trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 233.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, bilateral shoulder strain, impingement syndrome, lumbar spine sprain/strain, right hip strain, bilateral knee strain, and bilateral ankle strain. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises and physical therapy have failed to control pain; and radiculopathy is not present. However, despite documentation of objective (tenderness over the cervical area) findings, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no documentation of additional medical management therapies (NSAIDs and muscle relaxants) have failed to control pain. Furthermore, given no documentation of the number of the injections requested, there is no documentation of no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for cervical trigger point injection is not medically necessary.