

Case Number:	CM14-0200019		
Date Assigned:	12/10/2014	Date of Injury:	02/07/2011
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine, 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 patient is a 62 year old male with an injury date of 02/07/11. Per physician's progress report dated 09/03/14, the patient complains of pain in cervical, thoracic and lumbar spine. The cervical pain is rated at 6/10 while the thoracic and lumbar pain is rated at 8/10. The patient also has pain in the right ankle rated at 8/10. The patient has an altered gait and has a history of polio. There is limited range of motion in the lumbar spine. In progress report dated 07/03/14, the patient presents with constant lumbar pain that radiates to the bilateral feet to produce numbness, weakness and tingling. The pain increases with physical activity and ADLs while medications, physical therapy, and acupuncture help lessen it. Patient is also experiencing rectal bleeding and is hypertensive as well. Physical examination reveals decreased range of motion and tenderness to palpation in the lumbar spine along with spasms in the paraspinal muscles. Ankle gait is abnormal and straight leg raise is positive bilaterally. Medications, as per progress report dated 09/03/14, include Cyclobenzaprine and Omeprazole. The patient is off work, as per progress report dated 09/03/14. Diagnoses, 09/03/14:- Lumbar disc protrusion- Thoracic sprain/strain- Cervical disc protrusion- Right ankle sprain/strain- History of polio and lower extremity weakness- Radiculopathy- Rectal bleeding. The treater is requesting for (a) HIGH COMPLEXITY SLEEP STUDY EVALUATION (b) INFRARED ELECTRIC ACUPUNCTURE SESSION WITH CAPSAICIN PATCHES X 8 (c) NEUROSURGEON CONSULTATION (d) HIGH COMPLEXITY PAIN MANAGEMENT. The utilization review determination being challenged is dated 11/20/14. The UR determination has modified the request for INFRARED ELECTRIC ACUPUNCTURE SESSION WITH CAPSAICIN PATCHES X 8 to 6 electric acupuncture sessions for 15 minutes for cervical, thoracic and lumbar spine sprain and ankle sprain. Treatment reports were provided from 06/05/14 - 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

High complexity sleep study evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) and topic Polysomnography

Decision rationale: The patient presents with pain in cervical, thoracic and lumbar spine and the right ankle rated at 6-8/10, as per progress report dated 09/03/14. The request is for HIGH COMPLEXITY SLEEP STUDY EVALUATION. The patient also has rectal bleeding and high blood pressure, as per progress report dated 07/03/14. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." In this case, the reports are handwritten and not very legible. The patient is suffering from chronic pain which can lead to sleep disturbances. The patient's high blood pressure may also be associated with sleep apnea. However, the treater does not document the any changes in the sleep pattern. The progress reports do not discuss insomnia, excessive daytime sleep, muscle weakness, and personality or intellectual changes which may warrant a sleep study as per ODG guidelines. The reports lack relevant information required to make a determination on this request. The request IS NOT medically necessary.

Infrared electric acupuncture session with Capsaicin patches x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical. Decision based on Non-MTUS Citation Official Disability Guidelines, Infrared Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin; Acupuncture Medical Treatment Guidelines Page(s): 111-113; 13 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Pain (chronic)' and topic 'Qutenza (capsaicin)

Decision rationale: The patient presents with pain in cervical, thoracic and lumbar spine and the right ankle rated at 6-8/10, as per progress report dated 09/03/14. The request is for INFRARED ELECTRIC ACUPUNCTURE SESSION WITH CAPSAICIN PATCHES X 8. The patient also has rectal bleeding and high blood pressure, as per progress report dated 07/03/14. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. As per MTUS guidelines, pages 111-113, capsaicin is recommended only in patients who have not responded or are intolerant to other treatments. ODG guidelines, chapter 'Pain (chronic)' and topic 'Qutenza (capsaicin) 8% patch', state that "Blood pressure should be carefully monitored for 1 hour after each application, and caution is advised when treating patients with unstable or poorly controlled hypertension or a recent history of cardiovascular or cerebrovascular events." The reports are handwritten and not very legible. A review of the available progress reports indicates that the patient has already received some sessions of acupuncture although the number of sessions are not documented. In progress report dated 07/03/14, the treater lists acupuncture as one of the treatments that helps mitigate the pain. However, there is no discussion about significant improvement in ADL, change in work status or reduced dependence on medical treatments. The progress reports do not provide pertinent information required to make a determination based on MTUS. The treater is also requesting for Capsaicin patches. Capsaicin is recommended only when the patient has not responded to other treatments. Additionally, in progress report dated 07/03/14, the treater states that the patient has high blood pressure which is "still uncontrolled." ODG guidelines recommend against the use of Capsaicin patch in patients with uncontrolled blood pressure. Hence, this treatment IS NOT medically necessary.

Neurosurgeon consultation: Overturned

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

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in cervical, thoracic and lumbar spine and the right ankle rated at 6-8/10. The request is for NEUROSURGEON CONSULTATION. The patient also has rectal bleeding and high blood pressure, as per progress report dated 07/03/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for

return to work. The reports are handwritten and not very legible. In progress reports dated 06/05/14 and 07/03/14, the treater requests for an Ortho consultation. However, in progress report dated 09/03/14, the treater states that the orthopedic consultation is "still pending" and requests for a neurological consultation if not orthopedic. The treater, however, does not explain the request. Nonetheless, the patient is suffering from chronic pain along with numbness, tingling and weakness in bilateral feet. Expert advice from a neurosurgeon may help manage symptoms more efficiently. ACOEM supports specialty consultation. Hence, this request IS medically necessary.

High complexity pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in cervical, thoracic and lumbar spine and the right ankle rated at 6-8/10, as per progress report dated 09/03/14. The request is for HIGH COMPLEXITY PAIN MANAGEMENT. The patient also has rectal bleeding and high blood pressure, as per progress report dated 07/03/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The reports are handwritten and not very legible. In this case, the patient has been suffering from chronic pain which is aggravated while performing activities of daily living. Although no MRI findings have been provided for review, progress report dated 09/03/14 states that the request for pain management consult is based on positive MRI findings and persistent pain. The patient is suffering from chronic pain rated 6-8/10 and current treatment modalities do not appear to be working. A consultation with a pain management specialist may help him manage symptoms more effectively. However, the request is for "high complexity pain management," and the treater does not explain what this entails. It does not explain whether or not this is just for a consultation, or for some kind of a program. Given the lack of clarity, the request IS NOT medically necessary.