

<b>Case Number:</b>	CM14-0205513		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/19/2001
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53y/o male injured worker with date of injury 6/19/01 with related neck, thoracic spine, and shoulder pain. Per progress report dated 10/3/14, the injured worker reported continuous neck pain with radiation to the left shoulder and upper extremity. Pain was rated at 7/10. There was associated headaches and neck stiffness. He had intermittent upper to mid thoracic spine pain described as dull and aching. Per physical exam of the cervical spine, there was diffuse muscle guarding and tenderness noted. Per exam of the shoulder, there was left supraspinatus tendon tenderness. It was noted that the injured worker had become dependent on high dose narcotics as well as benzodiazepines. Suboxone was discussed with the injured worker, which he declined. Treatment to date has included cervical spine fusion surgery, spinal cord stimulator, physical therapy, and medication management. The date of UR decision was 11/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation for Admission to [REDACTED] Functional Restoration Program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed" (there are many of these outlined by the MTUS). I respectfully disagree with the UR physician's denial based upon the injured worker's opioid dependence and the fact that barriers to recovery have not been addressed. The request is not for admission to FRP, but for evaluation for admission, which is where such concerns would be addressed. The request is medically necessary.

**Formal Swallowing Study:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Consultation, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The MTUS and ODG guidelines are silent with specific regard to swallowing study. In this case, the treating physician has expressed concern that the injured worker may have spinal hardware interfering with swallowing. Per progress report dated 10/3/14, it was noted that the injured worker would be re-evaluated with the spinal cord stimulator representatives as well as x-ray studies to see if there was anything that could be done to improve his stimulation, which was now ineffective. 11/3/14 progress report indicated that the injured worker requested hardware removal. It was not indicated whether re-evaluation of the spinal cord stimulator took place. I respectfully disagree with the UR physician's statement "there is a working diagnosis that the injured worker's spinal hardware is the primary issue at this time." The hardware causing this problem is in the differential, not clearly the working diagnosis, and the study will help clarify this. The request is medically necessary.

## **Acupuncture 6 Additional Visits For Cervical Spine:: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20"The MTUS definition of functional improvement is as follows: ""Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."Per the ODG guidelines with regard to acupuncture directed at the neck: Under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo.The documentation submitted for review does not contain evidence of functional benefit from the previous acupuncture treatment. As such, the request is not appropriate and is not medically necessary.