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| <b>Case Number:</b>   | CM14-0209693 |                              |            |
| <b>Date Assigned:</b> | 02/03/2015   | <b>Date of Injury:</b>       | 01/31/2012 |
| <b>Decision Date:</b> | 03/19/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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: Texas, Florida  
 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:

The injured worker is a 46-year-old female, with a reported date of injury of 01/31/2012. The results of injury were low back pain, neck pain, right elbow pain, and bilateral shoulder pain. The current diagnoses include neck sprain, lumbar sprain, shoulder sprain, wrist sprain, carpal tunnel syndrome, and partial tear of rotator cuff. The past diagnoses include headache, neck pain, displacement of cervical intervertebral disc, cervical radiculopathy, cervical facet hypertrophy syndrome, and muscle pain. Treatments have included acupuncture, chiropractic treatment, an MRI of the left wrist on 10/21/2014, which showed periscaphoid effusion and electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral upper extremities on 07/07/2014, 08/22/2014 and 09/10/2014. The 09/10/2014 EMG/NCV showed mild compression of both median nerves at the wrist; mild compression of the left ulnar nerve in the wrist and the canal of the arms; mild to moderate compression of the left ulnar nerve across the elbow; and mild compression of the right ulnar nerve across the elbow. There was no cervical radiculopathy. The EMG/NCV of the lower extremities showed bilateral S1 radiculopathy. The medical records show the report for ten (10) acupuncture sessions from 04/12/2014 to 10/11/2014; and the report for three (3) chiropractic sessions from 07/07/2014 to 10/06/2014. The patient had completed cervical and lumbar epidural and facet injections without documentation of significant pain relief. The progress report dated 10/07/2014 is illegible. The UDS dated 6/24/2014 did was inconsistent with the absence of prescribed medications. The functional capacity evaluation report dated 08/11/2014 indicates that the injured worker complained of neck pain, rated 4 out of 10; back pain, rated 7 out of 10; bilateral wrist pain, rated

7 out of 10; right shoulder pain, rated 5 out of 10; left shoulder pain, rated 4 out of 10; bilateral elbow pain, rated 6 out of 10; right knee pain, rated 6 out of 10; and right thumb pain, rated 3 out of 10. There was decreased functional ability. The injured worker reported lower back, right shoulder, right wrist, and right knee pain while performing physical demand. He reported left wrist pain when using the left hand, and right thumb and right wrist pain with shooting pain to the right shoulder on performing physical demand. It was noted that the injured worker had some difficulty performing some activities of daily living. The treating physician indicated that the injured worker did not show improvement in overall functional capacity after participating in treatment and physical therapy. On 11/17/2014, Utilization Review (UR) denied the request for chiropractic treatment once a week for six weeks, physical therapy once a week for six weeks, pain management consultation, neurology consultation, MRI of the left wrist, acupuncture once a week for six weeks, toxicology testing once a week for six weeks, and LINT (localized intense neurostimulation therapy) once a week for six weeks. The UR physician noted that there was no documentation of what body part was to be treated with chiropractic care; there was previous physical therapy with no improvements; no documentation as to what specific services pain management was to provide; no documentation why the injured worker would need pain management consultation; no documentation of what body part and service the neurosurgery consultation would address; no documentation that the injured worker is suspected of having ligamentous instability, vascular necrosis, tumor, or infection about the wrists; no documentation of what body part is to be treated with LINT therapy; and no documentation of what body parts were treated with acupuncture previously, the number of sessions provided, and what the pain rating was. The Chronic Pain Guidelines, Official Disability Guidelines, and ACOEM Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 98-99 and 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy/ chiropractic treatments can be utilized for the treatment of musculoskeletal pain that did not respond to conservative treatment. The utilization of physical therapy can lead to reduction in pain and increase in range of motion of the affected joints. It is recommended that the patient can progress to a home exercise program after completion of a physical therapy program. The records indicate that the patient completed chiropractic and physical therapy programs but did not observe any significant beneficial effect. The criteria for chiropractic treatment 1x6 was not met.

**Physical therapy 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 22,46-47,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the treatment of musculoskeletal pain that did not respond to conservative treatment. The utilization of physical therapy can lead to reduction in pain and increase in range of motion of the affected joints. It is recommended that the patient can progress to a home exercise program after completion of a physical therapy program. The records indicate that the patient completed chiropractic and physical therapy programs but did not observe any significant beneficial effect. The criteria for physical therapy treatments 1x6 were not met.

**Pain Management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits and ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Specialist Referral

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to specialist when the diagnosis is unclear, the condition is complex or additional expertise will be beneficial in the management of the patient. The records indicate that the patient had undergone full evaluation and investigations with MRI and EMG/NCV studies. The patient had completed PT, acupuncture and chiropractic treatments. There is documentation that the patient had completed epidural and facet injection procedures treatment by a pain specialist without reporting significant beneficial effects. There is co-existing history of significant psychosomatic conditions with diagnoses of depression and anxiety disorders. The presence of psychosomatic disorder is associated with decreased efficacy of PT, pain procedures and surgical treatments. The criteria for Pain Management consultation was not met.

**Neurosurgery consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand, Office Visits and ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Specialist Referral

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred to specialist when the diagnosis is unclear, the condition is complex or additional expertise will be beneficial in the management of the patient. The records indicate that the patient had undergone full evaluation and investigations with MRI and EMG/NCV studies. The patient had completed PT, acupuncture and chiropractic treatments. There is documentation that the patient had completed epidural and facet injection procedures treatment by a pain specialist without reporting significant beneficial effects. There is co-existing history of significant psychosomatic conditions with diagnoses of depression and anxiety disorders. The presence of psychosomatic disorder is associated with decreased efficacy of PT and pain procedures. There is no documentation of worsening neurological deficits that would require further evaluation for surgery. The criteria for Neurosurgery consultation was not met.

**MRI, left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Upper Extremity-MRI

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized in the evaluation of joints pain when X-ray tests are inconclusive or the presence of neurological, vascular disorder or red flag condition such as malignancy. The records showed that the patient had complete investigation including EMG/NCV that was diagnostic of carpal tunnel syndrome. The records did not show that the MRI is being utilized for pre-operative planning for a surgical intervention. There is no documentation of deterioration of the wrist condition. The criteria for MRI of the left wrist was not met.

**Localized intense neurostimulation therapy 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Neurostimulation procedures

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that neurostimulation techniques can be utilized for the treatment of chronic musculoskeletal pain. The utilization of neurostimulation techniques, TENS and acupuncture can lead pain relief, reduction in

medications utilization, increased range of motion and improved mobilization. The records indicate that the patient completed PT with acupuncture treatments without noting any significant beneficial effect. The presence of significant psychosomatic disorders can lead to decreased efficacy of physical and interventional treatments. Effective treatment with CBT and medications can improve efficacy of physical treatments including neurostimulation procedures. The criteria for localized intense neurostimulation treatment procedure 1x6 was not met.

**Acupuncture 1x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 8-9, 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Acupuncture

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that acupuncture techniques can be utilized for the treatment of chronic musculoskeletal pain. The utilization of neurostimulation techniques, TENS and acupuncture can lead pain relief, reduction in medications utilization, increased range of motion and improved mobilization. The records indicate that the patient completed PT with acupuncture treatments without noting any significant beneficial effect. The presence of significant psychosomatic disorders can lead to decreased efficacy of physical and interventional treatments. Effective treatment with CBT and medications can improve efficacy of physical treatments including acupuncture treatments. The criteria for acupuncture treatments 1x6 was not met.

**Toxicology Testing 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 80 & 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Toxicology Screen

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that urine drug screen can be utilized at initiation of chronic opioid treatment and then randomly during treatment to monitor compliance and aberrant behavior. It is recommended that compliance measures including the absence of aberrant drug behavior or 'red flag', adverse medication effects, functional restoration and Database checks be documented. The records show that the UDS done of 6/24/2014 did not show any opioid medication. The available records did not specify what medications are being tested. The criteria for Toxicology Testing 1 X6 was not met.