

Case Number:	CM14-0072279		
Date Assigned:	09/25/2014	Date of Injury:	04/16/2009
Decision Date:	01/05/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a patient with a date of injury of 4/16/09. A utilization review determination dated 5/8/14 recommends non-certification of acupuncture, TENS, stellate ganglion block, and PT. 4/29/14 medical report identifies pain 6/10 in the neck and upper extremity. Pain is the same, but she has better flexibility. She has a TENS unit and uses ice, which helps. She was unable to take the Neurontin as her liver doctor told her not to. She has had acupuncture in the past for other areas, which has been helpful. On exam, there is hypersensitivity about the left shoulder slightly improved, ROM 75% of normal, mild diffuse weakness noted. Recommendations include stellate ganglion block (another provider felt that she had CRPS), acupuncture (if it helps, may not need the block), continue ice and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate Ganglion Block to the Left Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), 8 C.C.R. 9792.20 - 9792.26 Page(s): 103-104 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic)

Decision rationale: Regarding the request for stellate ganglion block, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. Within the documentation available for review, there is no indication that the Budapest criteria have been evaluated for and fulfilled. Furthermore, the provider noted that, if acupuncture is helpful, there may not be a need for this blocks, and the acupuncture has been authorized. In light of the above issues, the currently requested stellate ganglion block is not medically necessary.

TENS Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 OF 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and other conservative treatment including medication usage. Within the documentation available for review, the provider notes that the patient has a TENS unit and it has been helpful. However, there is no rationale identifying why the patient needs another TENS unit and, beyond the mention that it has been helpful, there is no specific indication of quantified pain relief, functional improvement, decreased medication usage, etc. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Eight (8) visits of Physical Therapy for the Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99 OF.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.

Acupuncture for the Left Shoulder two (2) times a week for three (3) weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has tried acupuncture in the past for other body parts, but there is no indication of prior use for the shoulder. Therefore, a trial of 6 sessions appears appropriate and supported by the CA MTUS. As such, the currently requested acupuncture is medically necessary.