

<b>Case Number:</b>	CM15-0005636		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/24/2006
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 62 year old female, who sustained an industrial injury on May 24, 2006. She has reported neck and upper extremities. The diagnoses have included chronic headaches, migraines, and chronic neck and upper extremity pain Treatment to date has included H wave, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit and topical and oral medication. Currently, the IW complains of neck, shoulder, upper extremity pain and headaches. Treatment includes Transcutaneous Electrical Nerve Stimulation (TENS) unit and topical and oral medication. On December 19, 2014 utilization review non-certified a request for Tai chi sessions quantity 6 and Voltaren gel (tubes) quantity 3, noting the lack of documentation regarding monitoring of Tai Chi and no diagnosis of osteoarthritis. The Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines and American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 8, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tai Chi Sessions QTY: 6:** 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 Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Yoga

**Decision rationale:** The requested Tai Chi Sessions QTY: 6, is not medically necessary. CA MTUS is silent on this issue and Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), yoga note that yoga and similar practices such as tai chi are "Recommended as an option only for select, highly motivated patients". The injured worker has neck, shoulder, upper extremity pain and headaches. The treating physician has not documented sufficient self-motivation for this treatment nor failure of guideline supported treatment alternatives. The criteria noted above not having been met, Tai Chi Sessions QTY: 6 is not medically necessary.

**Voltaren Gel (tubes) QTY: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

**Decision rationale:** The requested Voltaren Gel (tubes) QTY: 3, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has neck, shoulder, upper extremity pain and headaches. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Voltaren Gel (tubes) QTY: 3 is not medically necessary.