

Case Number:	CM15-0102270		
Date Assigned:	07/17/2015	Date of Injury:	04/29/2009
Decision Date:	09/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on April 29, 2009. The injury occurred in the course of her regular duties. The injured worker has been treated for neck, left shoulder, left upper extremity and low back complaints. The diagnoses have included chronic pain, cervical radiculopathy, lumbar radiculopathy, complex regional pain syndrome left upper extremity, carpal tunnel syndrome, and reflex sympathetic dystrophy syndrome in the left arm, left upper extremity tremors and insomnia. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, Stellate ganglion block, physical therapy, acupuncture treatments, home exercise program, right carpal tunnel release and a cervical spine fusion. Work status was noted to be temporarily totally disabled. Current documentation dated April 13, 2015 notes that the injured worker reported frequent neck pain which radiated down the bilateral upper extremities. Associated symptoms include headache and tingling in the upper extremities to the level of the fingers. The injured worker also noted occasional low back pain accompanied by tingling in the bilateral lower extremities to the toes. The injured worker also noted anxiety and depression due to lack of activities. The pain was rated a seven out of ten on the visual analogue scale with medications. Examination of the cervical spine revealed tenderness to palpation, spasm and a slightly too moderately limited range of motion. Motor examination showed decreased strength in the left extensor muscles. Grip strength was decreased. Lumbar spine examination revealed tenderness to palpation, spasm and a painful and decreased range of motion. Examination of the upper extremities revealed tenderness of the left scapula, left shoulder and left wrist. Hypersensitivity, allodynia,

discoloration and temperature change were noted in the left upper extremity. Atrophy was also noted on the left. The documentation notes that the injured worker completed 4 acupuncture treatments which were helpful for the pain. The documentation also notes that the current antidepressant, muscle relaxant and pain medications have been helpful for the pain. The treating physician's plan of care included requests for a transcutaneous electrical nerve stimulation unit purchase, acupuncture sessions # 4 and Tizanidine 4 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation unit (TENS), chronic pain Page(s): 114.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that a transcutaneous electrical nerve stimulation unit (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, for the following conditions: neuropathic pain, complex regional pain syndrome I and II, phantom pain, spasticity in spinal cord injury and multiple sclerosis patients with pain and muscle spasm. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief and they do not answer questions about long-term effectiveness. Criteria for the use of a transcutaneous electrical nerve stimulation unit for chronic intractable pain includes documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit 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. Other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short-and long-term goals of treatment with the TENS unit should also be submitted. In this case, the injured worker had ongoing chronic neck, left shoulder, left upper extremity and low back pain. The injured worker also had a diagnosis of complex regional pain syndrome of the left upper extremity. Documentation dated April 13, 2015 notes that the injured worker had completed a 30 day trial of a TENS unit with documented functional improvement. However, there was lack of documentation in the medical records of how the unit was used, as well as the outcomes in terms of pain relief and function. In addition, there is lack of documentation of short-and long-term goals of treatment with the transcutaneous electrical nerve stimulation unit as recommended by the MTUS Guidelines prior to a purchase. The request for a TENS Unit purchase is not medically necessary.

Acupuncture x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupuncture points. Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement: 3 to 6 treatments, frequency: 1 to 3 times per week and optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. Documentation dated April 13, 2015 notes that the injured worker had received 4 acupuncture treatments which were helpful. The treating physician did not provide sufficient evidence of functional improvement in the activities of daily living during the history and physical exam and there is lack of documentation of a reduction in the dependency of continued medical treatment. The Acupuncture Medical Treatment Guidelines does not support continuing acupuncture without more specific evidence of functional improvement. The current prescription for acupuncture of times 4, is not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63, 66.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." Tizanidine is a centrally acting alpha2-andrenergic agonist that is FDA approved for management of spasticity and unlabeled for use in low back pain. One study showed significant decrease in pain associated with chronic myofascial pain syndrome. The authors recommended its use as a first line option to treat myofascial pain and noted that it may also

provide benefit as an adjunct treatment for fibromyalgia. The medical records state that the injured worker had muscle spasms of the cervical and lumbar spine. The injured worker has been prescribed Tizanidine since at least January of 2015. The injured worker continues to report ongoing muscle spasm of the neck and back. There is lack of documentation of specific improvement in spasticity as a result of Tizanidine. The MTUS guidelines recommend muscle relaxants for short-term use and notes that their efficacy appears to diminish over time. Therefore, the request for Tizanidine 4 mg # 60 is not medically necessary.