

Case Number:	CM15-0105260		
Date Assigned:	06/09/2015	Date of Injury:	03/15/2012
Decision Date:	09/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: Physical Medicine & Rehabilitation

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 50-year-old male, with a reported date of injury of 03/15/2012. The diagnoses include neck pain, lumbar radiculopathy, and status post lumbar spine surgery. Treatments to date have included an MRI of the cervical spine which showed C5-6 disc herniation; an MRI of the thoracic spine which showed no significant disc herniations or stenosis; an MRI of the lumbar spine that showed previous laminectomy with about 50% of the facets removed with recurrent disc herniation at the L5-S1 level; lumbar spine surgery on 09/09/2014; chiropractic treatment; and oral medication. The narrative re-evaluation report dated 04/01/2015 indicates that the injured worker had worsened low back pain with worsened radiation to the right lower extremity, associated with tingling and numbness; constant mid back pain; and axial type of neck pain with on and off headache with numbness of the bilateral hands. The physical examination showed a slow, guarded, antalgic gait; midline tenderness extending from C3-C6; bilateral cervical facet tenderness; pain with cervical spine movements; tenderness extending from T3-T7; left thoracic paravertebral muscle tenderness; left thoracic facet tenderness; midline tenderness extending from L3-S1; bilateral lumbar facet tenderness; mild bilateral sacroiliac joint tenderness, left more than right; pain thoracic and lumbar spine movements; positive right straight leg raise test; and altered sensation in the right lower extremity; and weakness of the right lower extremity compared to the left. The treating physician requested twelve (12) chiropractic sessions for the thoracic, cervical, and lumbar spines; twelve (12) acupuncture sessions for the thoracic, cervical, and lumbar spines; two (2) tubes of Ultracin;

Cymbalta 30mg #30; and work conditioning twice a week for four (4) weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week for 6 weeks for the thoracic, cervical and lumbar spine:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with worsened low back pain with worsened radiation to the right lower extremity, associated with tingling and numbness; constant mid back pain; and axial type of neck pain with on and off headache with numbness of the bilateral hands. The patient is status post lumbar surgery 02/07/14. The request is for Acupuncture, 2 times a week for 6 weeks for the thoracic, cervical and lumbar spine. RFA dated 04/01/15 provided. Patient's diagnosis on 04/01/15 includes possible cervical, thoracic and lumbar discogenic pain. Physical examination revealed midline tenderness extending from C3-C6; bilateral cervical facet tenderness; pain with cervical spine movements; tenderness extending from T3-T7; left thoracic paravertebral muscle tenderness; left thoracic facet tenderness; midline tenderness extending from L3-S1; bilateral lumbar facet tenderness; mild bilateral sacroiliac joint tenderness, left more than right; pain thoracic and lumbar spine movements; positive right straight leg raise test; and altered sensation in the right lower extremity; and weakness of the right lower extremity compared to the left. Treatment to date has included surgery, imaging studies, chiropractic, physical therapy, home exercise program and medications. Patient's medications include Norco, Ultram, Zanaflex, Cymbalta and Ultracin cream. The patient is temporarily totally disabled, per 04/01/15 report. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per 04/07/15 report, treater states "the patient had failed surgery 02/07/14 with worsening pain..." Treater states in 04/01/15 report "the patient was recommended acupuncture trial twice a week six sessions... This request is still pending." Given patient's diagnosis and continued symptoms, a short course of acupuncture would appear to be reasonable. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on documented functional improvement. In this case, treater requests 12 initial sessions without first establishing efficacy. Were the request for 3-6 initial sessions, the recommendation would be for authorization. This request exceeds what is allowed by guidelines and cannot be substantiated. Therefore, the request is not medically necessary.

Ultracin, #2 tubes (apply 3-4 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105, 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with worsened low back pain with worsened radiation to the right lower extremity, associated with tingling and numbness; constant mid back pain; and axial type of neck pain with on and off headache with numbness of the bilateral hands. The patient is status post lumbar surgery 02/07/14. The request is for Ultracin, #2 tubes (apply 3-4 times a day). RFA dated 04/01/15 provided. Patient's diagnosis on 04/01/15 includes possible cervical, thoracic and lumbar discogenic pain. Physical examination revealed midline tenderness extending from C3-C6; bilateral cervical facet tenderness; pain with cervical spine movements; tenderness extending from T3-T7; left thoracic paravertebral muscle tenderness; left thoracic facet tenderness; midline tenderness extending from L3-S1; bilateral lumbar facet tenderness; mild bilateral sacroiliac joint tenderness, left more than right; pain thoracic and lumbar spine movements; positive right straight leg raise test; and altered sensation in the right lower extremity; and weakness of the right lower extremity compared to the left. Treatment to date has included surgery, imaging studies, chiropractic, physical therapy, home exercise program and medications. Patient's medications include Norco, Ultram, Zanaflex, Cymbalta and Ultracin cream. The patient is temporarily totally disabled, per 04/01/15 report. MTUS, Topical Analgesics Section pages 111- 113 has the following regarding topical creams: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Regarding Capsaicin, MTUS guidelines, page 111, state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments". Ultracin has been requested in RFA's dated 03/02/15 and 04/01/15. Treater states "apply t.i.d./q.i.d. two tubes." Per 04/07/15 report, treater states "the patient had failed surgery 02/07/14 with worsening pain..." Treater states in 04/01/15 report "the patient was placed on Ultracin which is new topical cream medication formulated to replace compounded products which the patient did not find beneficial. The patient is prescribed Ultracin which is preferential to chronic use of oral opioids, NSAIDs, anti-depressant or anticonvulsants..." However, treater does not discuss how and where it is used with what efficacy in terms of pain reduction and functional changes. MTUS guidelines do not support the use of topical NSAIDs for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The patient has numbness to the hands, but there is no diagnosis of peripheral joint arthritis/tendinitis for which a topical NSAID such as methyl salicylate is generally indicated. MTUS provides a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.

Cymbalta 30mg, #30 (every day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Specific Antidepressants: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 13-14, 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with worsened low back pain with worsened radiation to the right lower extremity, associated with tingling and numbness; constant mid back pain; and axial type of neck pain with on and off headache with numbness of the bilateral hands. The patient is status post lumbar surgery 02/07/14. The request is for Cymbalta 30mg, #30 (every day). RFA dated 04/01/15 provided. Patient's diagnosis on 04/01/15 includes possible cervical, thoracic and lumbar discogenic pain. Physical examination revealed midline tenderness extending from C3-C6; bilateral cervical facet tenderness; pain with cervical spine movements; tenderness extending from T3-T7; left thoracic paravertebral muscle tenderness; left thoracic facet tenderness; midline tenderness extending from L3-S1; bilateral lumbar facet tenderness; mild bilateral sacroiliac joint tenderness, left more than right; pain thoracic and lumbar spine movements; positive right straight leg raise test; and altered sensation in the right lower extremity; and weakness of the right lower extremity compared to the left. Treatment to date has included surgery, imaging studies, chiropractic, physical therapy, home exercise program and medications. Patient's medications include Norco, Ultram, Zanaflex, Cymbalta and Ultracin cream. The patient is temporarily totally disabled, per 04/01/15 report. Regarding Cymbalta, MTUS guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." Cymbalta has been requested in RFA's dated 12/05/14, 03/02/15 and 04/01/15. Treater states "recommended for neuropathic pain, musculoskeletal pain and to treat anxiety, depression related to chronic pain." Per 04/07/15 report, treater states "the patient had failed surgery 02/07/14 with worsening pain... The patient does have adequate analgesia, improved activity of daily living, no adverse side effects and no aberrant drug taking behavior." Given patient's diagnosis and documented benefit, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Work conditioning of the lumbar spine (2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with worsened low back pain with worsened radiation to the right lower extremity, associated with tingling and numbness; constant mid back pain; and axial type of neck pain with on and off headache with numbness of the bilateral hands. The patient is status post lumbar surgery 02/07/14. The request is for Work conditioning of the lumbar spine (2 times a week for 4 weeks). RFA dated 04/01/15 provided. Patient's diagnosis on 04/01/15 includes possible cervical, thoracic and lumbar discogenic pain. Physical examination revealed midline

tenderness extending from C3-C6; bilateral cervical facet tenderness; pain with cervical spine movements; tenderness extending from T3-T7; left thoracic paravertebral muscle tenderness; left thoracic facet tenderness; midline tenderness extending from L3-S1; bilateral lumbar facet tenderness; mild bilateral sacroiliac joint tenderness, left more than right; pain thoracic and lumbar spine movements; positive right straight leg raise test; and altered sensation in the right lower extremity; and weakness of the right lower extremity compared to the left. Treatment to date has included surgery, imaging studies, chiropractic, physical therapy, home exercise program and medications. Patient's medications include Norco, Ultram, Zanaflex, Cymbalta and Ultracin cream. The patient is temporarily totally disabled, per 04/01/15 report. MTUS, Work conditioning, work hardening Section, pages 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. Per 04/07/15 report, treater states "the patient had failed surgery February 07, 2014 with worsening pain..." Treater states in 04/01/15 report that the patient was recommended work conditioning physical therapy three times a week by orthopedic surgeon. Treater recommends "12 sessions of work conditioning physical therapy with emphasis of home exercise program... According to the patient six sessions were certified and he finished five sessions... Since the patient was not benefiting I recommended no additional work conditioning physical therapy from January 05, 2015." However, treater has not discussed the results of the screening process that is required prior to consideration of work hardening or whether the patient has gone through the screening process or not. There is no documentation of a specific job to return to either, and whether or not the patient is able to tolerate the program as required by MTUS. This request does not meet guideline criteria for work conditioning. Therefore, the request is not medically necessary.

Chiropractic treatment for the thoracic, cervical and lumbar spine (3 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 04/01/15 progress report provided by treating physician, the patient presents with worsened low back pain with worsened radiation to the right lower extremity, associated with tingling and numbness; constant mid back pain; and axial type of neck pain with on and off headache with numbness of the bilateral hands. The patient is status post lumbar surgery 02/07/14. The request is for Chiropractic treatment for the thoracic, cervical and lumbar spine (3 times a week for 4 weeks). RFA dated 04/01/15 provided. Patient's diagnosis on 04/01/15 includes possible cervical, thoracic and lumbar discogenic pain. Physical examination revealed midline tenderness extending from C3-C6; bilateral cervical facet

tenderness; pain with cervical spine movements; tenderness extending from T3-T7; left thoracic paravertebral muscle tenderness; left thoracic facet tenderness; midline tenderness extending from L3-S1; bilateral lumbar facet tenderness; mild bilateral sacroiliac joint tenderness, left more than right; pain thoracic and lumbar spine movements; positive right straight leg raise test; and altered sensation in the right lower extremity; and weakness of the right lower extremity compared to the left. Treatment to date has included surgery, imaging studies, chiropractic, physical therapy, home exercise program and medications. Patient's medications include Norco, Ultram, Zanaflex, Cymbalta and Ultracin cream. The patient is temporarily totally disabled, per 04/01/15 report. MTUS, Physical Medicine Section, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. MTUS Guidelines, Manual therapy & manipulation Section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Per 04/07/15 report, treater states "the patient had failed surgery 02/07/14 with worsening pain..." Treater states in 04/01/15 report "the patient was undergoing chiropractic physical therapy with [REDACTED] which was stopped since [REDACTED] was not getting paid." Given patient's diagnosis and continued symptoms, a short course of physical therapy and chiropractic would appear to be reasonable. However, the patient has already attended an unknown number of sessions without documentation of treatment efficacy. Furthermore, the request for 12 additional sessions exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.