

Case Number:	CM15-0107176		
Date Assigned:	06/11/2015	Date of Injury:	09/24/2014
Decision Date:	09/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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 49 year old male who sustained a work related injury September 24, 2014. While working as a property manager, he was electrocuted by a transformer. He immediately became dizzy, dazed, disoriented, weak, nauseated, and lost consciousness. He developed pain in the neck, left forearm, right hand, and headaches. He was first seen at a trauma center and referred for neurological evaluation, attended one session of physical therapy, and receiving Tramadol for pain relief. CT scan and x-rays were performed. Past history included insulin dependent diabetes and neuropathy. According to a pain management consultation, dated April 27, 2015, the injured worker presented with complaints of occasional pain in the neck, right shoulder, frontal, parietal and occipital parts of the head, described as sharp, aching, cutting, throbbing, burning, and pounding. His headaches are intermittent and in the temporal and top of the head, 5-7 days a week and improves with Tramadol. The neck and right shoulder pain is constant, aching pain, radiating to the digits three and five, with numbness, tingling, and burning, into the right hand. Diagnoses are cervicalgia; cervical radiculopathy; anxiety/ depression; headaches; s/p electrocution; bilateral shoulder pain with impingement and tendonitis; concentration difficulties. Treatment plan included request for authorization for acupuncture, MRI of the cervical spine and right shoulder, electrodiagnostic studies-lower extremities; Cymbalta, Omeprazole; ibuprofen; and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12: 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 the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture x12 is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. Cervical MRI is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI right shoulder is not medically necessary.

EMG/NCV lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. EMG/NCV lower extremities is not medically necessary.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 and 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 14, 105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain; the patient does have radicular pain. The examination findings provided no objective or quantitative measure of pain to determine severity. Ongoing use of antidepressants is not recommended in the absence of objective gains in function and decreased pain levels. Cymbalta 30mg #30 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #30 is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800mg #90 is not medically necessary.

Butrans Patch 10mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-74.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of six months. Butrans Patch 10mcg #4 is not medically necessary.