

Case Number:	CM15-0107849		
Date Assigned:	06/12/2015	Date of Injury:	10/14/2012
Decision Date:	09/23/2015	UR Denial Date:	05/04/2015
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: 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 55 year old female who sustained an industrial injury on 10/14/2012. The injured worker was diagnosed with lumbar myofascial pain, lumbar spondylosis, rotator cuff tear, cervical disc protrusion and trigger finger, right 4th finger. The injured worker underwent right shoulder arthroscopy with rotator cuff repair (no date documented). Treatment to date includes diagnostic testing, bilateral lumbar medial branch block, lumbar epidural steroid injection, surgery, physical therapy, lumbar back brace and medications. According to the primary treating physician's progress report on April 24, 2015, the injured worker continues to experience low back pain with bilateral lower extremity symptoms, neck pain with upper extremity symptoms and right shoulder pain. The injured worker rates her pain level at 6/10 in all areas. Examination demonstrated tenderness of the lumbar and cervical spine with range of motion decreased in all planes. There was decreased sensation at L5 and S1 dermatome distribution, right side greater than left side. Current medications are listed as Hydrocodone, Lyrica and Tramadol. Treatment plan consists of psychological consultation, treatment for trigger finger and the current request for acupuncture therapy to the cervical spine, lumbar spine and right shoulder, cervical epidural steroid injection to C5-C6 and Tramadol renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Cervical Spine, Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was injured on 10/14/12 and presents with low back pain with bilateral lower extremity symptoms, neck pain with upper extremity symptoms, and right shoulder pain. The request is for ACUPUNCTURE FOR THE CERVICAL SPINE QTY 8. There is no RFA provided and the patient is unable to return to work. The utilization review letter indicates that the patient has had prior acupuncture sessions. MTUS Guidelines, Acupuncture, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. She is diagnosed with lumbar myofascial pain, lumbar spondylosis, rotator cuff tear, cervical disc protrusion, and trigger finger, right 4th finger. The patient also underwent a right shoulder arthroscopy with rotator cuff repair (no date indicated). Treatment to date includes diagnostic testing, bilateral lumbar medial branch block, lumbar epidural steroid injection, surgery, physical therapy, lumbar back brace and medications. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date, when these session occurred, and how these acupuncture sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 8 sessions of acupuncture for the cervical spine IS NOT medically necessary.

Acupuncture Lumbar Spine, Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was injured on 10/14/12 and presents with low back pain with bilateral lower extremity symptoms, neck pain with upper extremity symptoms, and right shoulder pain. The request is for ACUPUNCTURE FOR THE LUMBAR SPINE QTY 8. There is no RFA provided and the patient is unable to return to work. The utilization review letter indicates that the patient has had prior acupuncture sessions. MTUS Guidelines, Acupuncture, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. She is diagnosed with

lumbar myofascial pain, lumbar spondylosis, rotator cuff tear, cervical disc protrusion, and trigger finger, right 4th finger. The patient also underwent a right shoulder arthroscopy with rotator cuff repair (no date indicated). Treatment to date includes diagnostic testing, bilateral lumbar medial branch block, lumbar epidural steroid injection, surgery, physical therapy, lumbar back brace and medications. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date, when these session occurred, and how these acupuncture sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 8 sessions of acupuncture for the lumbar spine IS NOT medically necessary.

Acupuncture Right Shoulder, Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was injured on 10/14/12 and presents with low back pain with bilateral lower extremity symptoms, neck pain with upper extremity symptoms, and right shoulder pain. The request is for ACUPUNCTURE FOR THE RIGHT SHOULDER QTY 8. There is no RFA provided and the patient is unable to return to work. The utilization review letter indicates that the patient has had prior acupuncture sessions. MTUS Guidelines, Acupuncture, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. She is diagnosed with lumbar myofascial pain, lumbar spondylosis, rotator cuff tear, cervical disc protrusion, and trigger finger, right 4th finger. The patient also underwent a right shoulder arthroscopy with rotator cuff repair (no date indicated). Treatment to date includes diagnostic testing, bilateral lumbar medial branch block, lumbar epidural steroid injection, surgery, physical therapy, lumbar back brace and medications. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date, when these session occurred, and how these acupuncture sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 8 sessions of acupuncture for the right shoulder IS NOT medically necessary.

Cervical Epidural Steroid Injection, C5-C6, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The patient was injured on 10/14/12 and presents with low back pain with bilateral lower extremity symptoms, neck pain with upper extremity symptoms, and right shoulder pain. The request is for CERVICAL EPIDURAL STEROID INJECTION, C5-C6, QTY 1. The utilization review denial rationale is that "there was inadequate information to support this with no dermatomal distribution and no exam of the upper extremities to show support for an active cervical radiculopathy." There is no RFA provided and the patient is unable to return to work. Review of the reports provided does not indicate if the patient had a prior ESI to the cervical spine. Regarding epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient has an abnormal cervical spine range of motion, pain with cervical spine range of motion testing, tenderness in the posterior cervical musculature. She is diagnosed with lumbar myofascial pain, lumbar spondylosis, rotator cuff tear, a 3 mm cervical disc protrusion with foraminal stenosis at C5-6, and trigger finger, right 4th finger. Review of the reports provided does not indicate if the patient had a prior epidural steroid injection to the lumbar spine. Given that the patient has a 3 mm cervical disc protrusion with foraminal stenosis at C5-6, neck pain with upper extremity symptoms, and exam findings, a trial of cervical ESI appears reasonable. The request IS medically necessary.

Tramadol 50 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 10/14/12 and presents with low back pain with bilateral lower extremity symptoms, neck pain with upper extremity symptoms, and right shoulder pain. The request is for TRAMADOL 50 MG QTY 60. There is no RFA provided and the patient is unable to return to work. The patient has been taking Tramadol as early as 01/28/15 and treatment reports are provided from 01/28/15 to 05/06/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids- Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to

be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." On 01/28/15, the patient rated her pain as an 8/10 for the low back, 6/10 for the cervical spine, and 5/10 for the right shoulder. On 03/10/15, she rated her pain as an 8/10 on average. "The pain is improved by medications. Side effects of medication include constipation." On 04/03/15, the patient rated her pain as a 7/10 for the low back, a 6/10 for the cervical spine, and a 6/10 for the right shoulder. "Denies side effects." On 05/06/15, the patient rated her pain as an 8/10. In this case, not all of the 4 As are provided as indicated by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales or any examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.