

<b>Case Number:</b>	CM15-0012722		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female sustained a work related injury on 09/28/2012. According to a partially illegible handwritten progress report dated 11/18/2014, the injured worker complained of cervical, thoracic, lumbar spine and bilateral shoulder pain that was rated 1 on a scale of 1-10. Bilateral wrist/hand pain was rated 3 on a scale of 1-10. The injured worker was feeling better overall and was not using pain med. A prescription of Terocin Patches was given. Diagnoses listed on the request for authorization included sprain shoulder/arm not otherwise specified, sprain of the neck, sprain thoracic region and sprain lumbar region. On 12/18/2014, Utilization Review non-certified the following: 12 visits for infrared electro acupuncture 15 minutes with Capsaicin patch for the shoulder. Terocin patches #30 (Lidocaine 4% Menthol 4%). 12 visits of infrared, electro acupuncture 15 minutes with Capsaicin patch for the neck. Orthopedic follow up for the sprain of the shoulder. Initial high complexity evaluation (pain management) for the sprain of the neck 12 visits infrared, electro acupuncture 15 minutes with Capsaicin patch for the thoracic region Orthopedic follow up for the thoracic spine. Initial high complexity evaluation (pain management) thoracic spine 12 visits for infrared electro acupuncture 15 minutes with Capsaicin patch for lumbar region Orthopedic follow up for the lumbar sprain. Initial high complexity evaluation lumbar sprain (pain Management) Orthopedic follow up for sprain of the neck. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve visits for infrared electro acupuncture, 15 minutes with capsaicin patch for the shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Capsaicin, topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has already received 12 acupuncture visits. Although there was subjective improvement in pain there was no documented functional improvements in work status or activities of daily living. In addition, MTUS states that the capsaicin patch is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication for the shoulder has not been established. Medical necessity for the requested additional acupuncture has not been established. The requested electro acupuncture and topical medication is not medically necessary.

**Terocin patches #30 (lidocaine 4% and menthol 4%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Terocin patches, Lidocaine, topical, Capsaicin, topical, and Salicylate topicals.

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

**Twelve visits of electro-acupuncture for 15 minutes with capsaicin patch for the neck:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Capsaicin, topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has already received 12 acupuncture visits. Although there was subjective improvement in pain there was no documented functional improvements in work status or activities of daily living. In addition, MTUS states that the capsaicin patch is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication for the neck has not been established. Medical necessity for the requested additional acupuncture has not been established. The requested electro-acupuncture and topical medication is not medically necessary.

**Orthopedic follow for the sprain of the shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207, and 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** According to the ACOEM guidelines, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Orthopedic follow-up for the shoulder sprain. The patient was not exhibiting any red flags in their subjective complaints or objective examination. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested follow-up is not medically necessary.

**Initial high complexity evaluation for the sprain of the neck (pain management):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) and the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** According to the ACOEM guidelines, a pain management consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. Referral is indicated when the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity, if the patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis, or if standard treatment has failed. In this case, the patient's pain decreased significantly during the course of treatment, and there was no evidence of suffering, pain behaviors, or requests for medication. Medical necessity for the requested pain management evaluation for the sprain of the neck has not been established. The requested evaluation is not medically necessary.

**Twelve visits for infrared electro-acupuncture, 15 minutes with capsaicin patch for the thoracic region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has already received 12 acupuncture visits. Although there was subjective improvement in pain there was no documented functional improvements in work status or activities of daily living. In addition, MTUS states that the capsaicin patch is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication for the shoulder has not been established. Medical necessity for the requested additional acupuncture has not been established. The requested electro acupuncture and topical medication is not medically necessary.

**Orthopedic follow-up for the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) and the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** According to the ACOEM guidelines, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Orthopedic follow-up for the thoracic spine. The patient was not exhibiting any red flags in their subjective complaints or objective examination. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested follow-up is not medically necessary.

**Initial high complexity evaluation of the thoracic spine (pain engagement):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** According to the ACOEM guidelines, a pain management consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. Referral is indicated when the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity, if the patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis, or if standard treatment has failed. In this case, the patient's pain decreased significantly during the course of treatment, and there was no evidence of suffering, pain behaviors, or requests for medication. Medical necessity for the requested service is not established. The requested evaluation is not medically necessary. Medical necessity for the requested pain management evaluation of the thoracic spine has not been established. The requested service is not medically necessary.

**Twelve visits for infrared electro acupuncture, 15 minutes with capsaicin patch for the lumbar region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Capsaicin, topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has already received 12 acupuncture visits. Although there was subjective improvement in pain there was no documented functional improvements in work status or activities of daily living. In addition, MTUS states that the capsaicin patch is recommended only as an option in patients who have not responded or are intolerant to other

treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication for the lumbar region has not been established. Medical necessity for the requested additional acupuncture has not been established. The requested infrared electro acupuncture and topical medication is not medically necessary.

**Orthopedic follow up for the lumbar sprain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289 and 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) and the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** According to the ACOEM guidelines, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Orthopedic follow-up for the shoulder sprain. The patient was not exhibiting any red flags, such as radicular pain, in their subjective complaints or objective examination. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested follow-up is not medically necessary.

**Initial high complexity evaluation of the lumbar sprain (pain management): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) and the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the ACOEM guidelines, a pain management consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. Referral is indicated when the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity, if the patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis, or if standard treatment has failed. In this case, the patient's pain decreased significantly during the course of treatment, and there was no evidence of suffering, pain behaviors, or requests for medication. Medical necessity for the requested service is not established. The requested evaluation is not medically necessary. Medical necessity for the requested pain management evaluation of the lumbar sprain has not been established. The requested service is not medically necessary.

**Orthopedic follow up for sprain of the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) and the Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** According to the ACOEM guidelines, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Orthopedic follow-up for the sprain of the neck. The patient was not exhibiting any red flags, such as radicular pain, in their subjective complaints or objective examination. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested follow-up is not medically necessary.