

<b>Case Number:</b>	CM15-0018528		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2015

### 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: Texas, New York, 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:

This 57-year-old female reported a work-related injury to her neck, back, shoulders, right elbow and wrist on 12/07/2011. According to the progress report from the primary treating physician dated 1/9/2015, the diagnoses are cervical musculoligamentous injury, cervical radiculopathy, thoracic/lumbar/left shoulder/right elbow/right wrist sprain/strain, lumbar disc protrusion, status post right and left shoulder surgery, left shoulder impingement syndrome, right lateral epicondylitis. She reports dull, achy pain in the neck, upper and mid-back; burning low back pain becoming stabbing and throbbing, radiating to the legs and feet; dull bilateral shoulder pain with a "frozen" feeling in the left and dull, achy right elbow and right wrist pain. Previous treatments include surgery, medications, home exercise and phaa. The applicant is a represented 57-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 7, 2011. In a Utilization Review Report dated January 29, 2015, the claims administrator failed to approve requests for a TENS unit, acupuncture, manipulative therapy, and lumbar epidural steroid injection therapy. The claims administrator referenced an RFA form dated December 2, 2014 in the bottom of the report but did not incorporate any applicant-specific rationale commentary into its rationale. The claims administrator did not clearly state whether the applicant had or had not had prior acupuncture. The applicant's attorney subsequently appealed. In a progress note dated January 9, 2014, the applicant reported ongoing complaints of neck, low back, mid back, shoulder, wrist, and elbow pain with derivative complaints of depression anxiety, and sleep disturbance. A psychological consultation, manipulative therapy, acupuncture and epidural steroid injection therapy were

endorsed. The attending provider offered her cardiorespiratory stress testing while keeping the applicant off of work. In an earlier note dated December 2, 2014, the applicant was again asked to consult a psychiatrist, an internist, and pursue lumbar epidural steroid injection therapy. The applicant was also asked to pursue six sessions of manipulative therapy and six sessions of acupuncture. A TENS unit was endorsed. The applicant was kept off of work, on total temporary disability, owing to multifocal complaints of wrist, shoulder, elbow, mid back, low back, and neck pain, Physical therapy. The treating provider requests TENS unit, six sessions of acupuncture, six sessions of chiropractic and lumbar epidural steroid injections at L5-S1. The Utilization Review on 1/29/2015 non-certified TENS unit, six sessions of acupuncture, six sessions of chiropractic and lumbar epidural steroid injections at L5-S1, citing ODG and CA MTUS guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 116 of 127.

**Decision rationale:** No, the request for a TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should be purchased only after evidence of a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization to purchase the TENS unit without having the applicant first undergo a one-month trial of the same. Therefore, the request was not medically necessary.

**Six sessions of acupuncture:** Upheld

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

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

**Decision rationale:** Similarly, the request for six sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, the applicant was/is off of work, on total temporary disability, despite receipt of at least six prior sessions of acupuncture, suggesting a lack of functional improvement as defined

in MTUS 9792.20f. Therefore, the request for additional acupuncture was not medically necessary.

**Six sessions of chiropractic:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** Similarly, the request for six additional sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate a favorable response to the same by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier chiropractic manipulative therapy in unspecified amounts. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.

**Lumbar ESI L5-S1:** Upheld

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

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

**Decision rationale:** Finally, the request for a lumbar epidural steroid injection at L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that radiculopathy should be confirmed, either radiographically or electrodiagnostically. Here, the requesting provider did not furnish any radiographic or electrodiagnostic corroboration of radiculopathy along with the request for epidural steroid injection therapy. The applicant's response to prior epidural steroid injection therapy (if any) was not detailed. Therefore, the request was not medically necessary.