

Case Number:	CM15-0019766		
Date Assigned:	02/09/2015	Date of Injury:	10/23/2013
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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 47 year old male who sustained an industrial related injury on 7/22/13. The injured worker had complaints of cervical spine, thoracic spine, lumbar spine, bilateral shoulder, left elbow, and left wrist pain. Diagnoses included cervical musculoligamentous injury, cervical myospasm, cervical radiculitis, lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain/strain, left elbow internal derangement, left elbow sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, left wrist tenosynovitis, and insomnia. Treatment included localized intense neurostimulation therapy and acupuncture treatments. The treating physician requested authorization for Capsaicin patches, Acupuncture 3x4, MR arthrogram of the left knee, and thoracic MRI. On 1/7/15 the requests were non-certified. Regarding Capsaicin patches, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the medical records do not indicate failed trials of first line recommendations. Regarding Acupuncture, the UR physician cited the MTUS guidelines and noted no significant objective and functional gains were noted as a result of completed acupuncture treatment. Regarding MR arthrogram, the UR physician cited the MTUS guidelines and noted there is no sufficient documentation of significant objective deficits or evidence of dislocation or derangement related to the left knee. Regarding the thoracic MRI, the UR physician cited the Official Disability Guidelines and noted there was no sufficient documentation of objective neurologic deficits or any significant pathology to warrant a thoracic MRI. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulder, left elbow, and left wrist pain rated 8/10, per the progress report dated 01/02/15. Per medical report dated 11/15/14, the patient also complained of right knee, left leg, and right ankle/foot pain rated 8/10. The request is for CAPSAICIN PATCH. The RFA provided is dated 11/07/14. On 09/23/14, the patient underwent a Trigger Point Impedance imaging (TPII) which revealed ten clinically relevant trigger points. The findings were consistent with lumbar spine and myofascial pain syndrome. Patient's diagnosis included cervical musculoligamentous injury, cervical myospasm, cervical radiculitis, lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain/strain, left elbow internal derangement, left elbow sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, left wrist tenosynovitis, and insomnia. Treatments included localized intense neuro stimulation therapy and acupuncture treatments. The patient was to remain off work till 02/16/15. MTUS guideline page 111 recommends Non-steroidal anti-inflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks)." MTUS guidelines page 112 indicates "capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." Treater has not provided reason for the request, nor indicated which body part would be treated. Patient continues to have chronic back pain for which requested Capsaicin would be indicated by guidelines. However, none of the reports discuss how this medication is used and with what efficacy. MTUS requires recording of pain and function when medications are used for chronic pain. The request does not meet guideline recommendations. Therefore, the request IS NOT medically necessary.

Acupuncture 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulder, left elbow, and left wrist pain rated 8/10, per the progress report dated 01/02/15. Per medical report dated 11/15/14, the patient also complained of right knee, left leg, and right ankle/foot pain rated 8/10. The request is for ACUPUNCTURE 3X4. The RFA

provided is dated 11/07/14. On 09/23/14, the patient underwent a Trigger Point Impedance imaging (TPII) which revealed ten clinically relevant trigger points. The findings were consistent with lumbar spine and myofascial pain syndrome. Patient's diagnosis included cervical musculoligamentous injury, cervical myospasm, cervical radiculitis, lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain/strain, left elbow internal derangement, left elbow sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, left wrist tenosynovitis, and insomnia. Treatments included localized intense neuro stimulation therapy and acupuncture treatments. The patient was to remain off work till 02/16/15. 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)." Treater does not state the reason for the request in detail. Review of medical reports indicate prior acupuncture therapy; however, there are no detailed discussions regarding treatment history and associated outcomes. There is no documentation of any specific and significant functional improvement in ADLs, or a change in the patient's work status as required by MTUS. Given the limited information provided, the current request cannot be considered in accordance with the guidelines. Therefore, the request IS NOT medically necessary.

MR arthrogram of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Procedure, MR arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulder, left elbow, and left wrist pain rated 8/10, per the progress report dated 01/02/15. Per medical report dated 11/15/14, the patient also complained of RIGHT knee, left leg, and right ankle/foot pain rated 8/10. The request is for MR ARTHROGRAM OF THE LEFT KNEE. The RFA provided is dated 11/07/14. On 09/23/14, the patient underwent a Trigger Point Impedance imaging (TPII) which revealed ten clinically relevant trigger points. The findings were consistent with lumbar spine and myofascial pain syndrome. Patient's diagnosis included cervical musculoligamentous injury, cervical myospasm, cervical radiculitis, lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain/strain, left elbow internal derangement, left elbow sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, left wrist tenosynovitis, and insomnia. Treatments included localized intense neuro stimulation therapy and acupuncture treatments. The patient was to remain off work till 02/16/15. ACOEM Guidelines states "Special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG-TWC, Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging), states: "Repeat MRIs: Post-surgical if need to assess

knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%" In this case, review of the reports do not show a prior arthrogram or MRI's of the left knee. The patient has indicated to be suffering from chronic RIGHT knee pain. There are no discussion regarding the left knee or any documentation of physical examination findings with respect to the left knee. ODG guidelines allow for MR arthrogram and repeat MRIs for post-operative evaluation of re-tear or additional pathology. This patient is not post-op. Hence, the request IS NOT medically necessary.

MRI of the thoracic: 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), Low Back, Indications for magnetic resonance imaging and on the Non-MTUS Canale: Campbell's Operative Orthopaedics, 10th ed. Chapter 39 - Lower Back Pain and Disorders of Intervertebral Discs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back chapter, under MRI.

Decision rationale: The patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulder, left elbow, and left wrist pain rated 8/10, per the progress report dated 01/02/15. Per medical report dated 11/15/14, the patient also complained of RIGHT knee, left leg, and right ankle/foot pain rated 8/10. The request is for MRI OF THE THORACIC. The RFA provided is dated 11/07/14. On 09/23/14, the patient underwent a Trigger Point Impedance imaging (TPII) which revealed ten clinically relevant trigger points. The findings were consistent with lumbar spine and myofascial pain syndrome. Patient's diagnosis included cervical musculoligamentous injury, cervical myospasm, cervical radiculitis, lumbar muscle spasm, lumbar radiculopathy, lumbosacral sprain/strain, left elbow internal derangement, left elbow sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, left wrist tenosynovitis, and insomnia. Treatments included localized intense neuro stimulation therapy and acupuncture treatments. The patient was to remain off work till 02/16/15. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." ODG guidelines support MRI's for signs and symptoms of neurologic findings, in chronic pain conditions. ODG-TWC Neck and Upper Back section, under MRI states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or

findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, per the RFA dated 11/07/14, a thoracic MRI was requested which was performed on 12/08/14 that showed schmorl's node formation otherwise unremarkable. There is another RFA dated 01/02/15 where the treater is requesting another thoracic MRI; however, does not discuss the rationale for a repeat MRI. It is not known whether or not the treater is asking for another set of MRI's or just not aware that an MRI was done, or that both of the RFA's are referring to the MRI taken 11/7/14. Nevertheless, an MRI was taken, and there is another request for an MRI. There is no documented discussion of radiating symptoms or deficits related to thoracic spine to warrant MRI's in the first place and certainly no support for a repeat MRI. There are no red flags, no neurologic deficits/findings, no significant radicular symptom. The request IS NOT medically necessary.