

Case Number:	CM15-0142939		
Date Assigned:	08/03/2015	Date of Injury:	07/21/2010
Decision Date:	09/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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(n) 70 year old male, who sustained an industrial injury on 7-21-10. He reported pain in his neck, back, shoulders, knees, left ankle and wrists. The injured worker was diagnosed as having cervical strain with spondylosis, lumbar strain, lumbar degenerative disc disease, left ankle strain. Treatment to date has included Tylenol ES and Ibuprofen. On 5-27-15, the treating physician noted the lumbar range of motion was 50% of normal and the left ankle range of motion was 50% of normal. As of the PR2 dated 6-18-15, the injured worker reports pain in his neck, back, shoulders, left ankle and hands. He rates his pain a 6-7 out of 10 without medications and a 3-4 out of 10 with medications. Objective findings include lumbar range of motion is 80% of normal, left ankle range of motion is 80% of normal, cervical flexion is 30 degrees and cervical extension is 30 degrees. The treating physician requested a TENs unit and supplies (rental or purchase), acupuncture x 4 session, a consultation with a cognitive behavioral therapy provider with experience in chronic pain and physical therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The patient presents with pain in the cervical spine, rated 5/10, radiating to the left upper extremity, pain in the lumbar spine rated 6/10, and left ankle pain rated 8/10. The request is for TENS UNIT AND SUPPLIES (RENTAL OR PURCHASE). Patient is status post left knee arthroscopy 2013, and right knee arthroscopy 2014. Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation over the trapezius muscles bilaterally and levatoe scapulae. Examination to the left ankle revealed tenderness to palpation to lateral malleolus. Patient's treatments have included lumbar ESIs, physical therapy, exercise program, heat, and ice. Per 07/21/15 progress report, patient's diagnosis includes cervical strain with superimposed spondylosis, L/S DDD, and L ankle strain. Patient's medications, per 06/18/15 progress report include Tylenol, Tramadol, and Naprosyn. Patient is retired. For TENS unit, MTUS guidelines, on page 116, require: (1) Documentation of pain of at least three months duration; (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage; (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted; (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Treater does not discuss this request; no RFA was provided either. In review of the medical records provided, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Furthermore, the patient does not appear to present with the indications for TENS unit per MTUS. There is no clear documentation of neuropathic pain, and no other diagnosis such as MS, spasticity, phantom pain, etc. for a trial of TENS unit. Given the lack of documentation, as required by MTUS, the request IS NOT medically necessary.

Acupuncture sessions 1x/4 (cervical, lumbar, bilateral shoulders/ wrist/ knees/ ankles):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines, MTUS pg. 13 of 127 Page(s): 8.

Decision rationale: The patient presents with pain in the cervical spine, rated 5/10, radiating to the left upper extremity, pain in the lumbar spine rated 6/10, and left ankle pain rated 8/10. The request is for ACUPUNCTURE SESSIONS 1 X 4 (CERVICAL, LUMBAR, BILATERAL SHOULDERS/WRIST/KNEES/ANKLES). Patient is status post left knee arthroscopy 2013, and right knee arthroscopy 2014. Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation over the trapezius muscles bilaterally and levatoe scapulae. Examination to the left ankle revealed tenderness to palpation to lateral malleolus. Patient's treatments have included lumbar ESIs, physical therapy, exercise program, heat, and ice. Per 07/21/15 progress report, patient's diagnosis includes cervical strain with superimposed spondylosis, L/S DDD, and L ankle strain. Patient's medications, per 06/18/15 progress report include Tylenol, Tramadol, and Naprosyn. Patient is retired. For acupuncture, MTUS Guidelines 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. In progress report dated 05/27/15, treater recommends a trial of acupuncture to see if it can manage pain, decrease medication use, and improve activity tolerance. The patient continues with pain in the cervical and lumbar spines, and the left ankle. Review of the medical records did not indicate prior acupuncture treatment. Given the patient's condition, the requested 4 sessions of acupuncture appears medically reasonable and is within MTUS guidelines. Therefore, the request IS medically necessary.

Consultation with a cognitive behavioral therapy provider with experience in chronic pain (cervical, lumbar, bilateral shoulders/ wrist/ knee/ ankle): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultants/Referrals, Chapter 7, page 127.

Decision rationale: The patient presents with pain in the cervical spine, rated 5/10, radiating to the left upper extremity, pain in the lumbar spine rated 6/10, and left ankle pain rated 8/10. The request is for CONSULTATION WITH A COGNITIVE BEHAVIORAL THERAPY PROVIDER WITH EXPERIENCE IN CHRONIC PAIN (CERVICAL, LUMBAR, BILATERAL SHOULDERS/WRIST/KNEE/ANKLE). Patient is status post left knee arthroscopy 2013, and right knee arthroscopy 2014. Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation over the trapezius muscles bilaterally and levatoe scapulae. Examination to the left ankle revealed tenderness to palpation to lateral malleolus. Patient's treatments have included lumbar ESIs, physical therapy, exercise program and heat and ice. Per 07/21/15 progress report, patient's diagnosis include cervical strain with superimposed spondylosis, L/S DDD, and L ankle strain. Patient's medications, per 06/18/15 progress report include Tylenol, Tramadol, and Naprosyn. Patient is retired. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a

diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Treater has not provided a reason for the request. No RFA was provided either. In this case, the patient continues to suffer from neck and lower back pain, and left ankle pain. Patient has had lumbar ESIs, physical therapy, and medications. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.

Physical therapy 1x/6 (cervical, lumbar, bilateral shoulders/ wrist/ knees/ ankles): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The patient presents with pain in the cervical spine, rated 5/10, radiating to the left upper extremity, pain in the lumbar spine rated 6/10, and left ankle pain rated 8/10. The request is for PHYSICAL THERAPY 1 x 6 (CERVICAL, LUMBAR, BILATERAL SHOULDERS/WRIST/KNEES/ANKLES). Patient is status post left knee arthroscopy 2013, and right knee arthroscopy 2014. Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation over the trapezius muscles bilaterally and levatoe scapulae. Examination to the left ankle revealed tenderness to palpation to lateral malleolus. Patient's treatments have included lumbar ESIs, physical therapy, exercise program, heat, and ice. Per 07/21/15 progress report, patient's diagnosis include cervical strain with superimposed spondylosis, L/S DDD, and L ankle strain. Patient's medications, per 06/18/15 progress report include Tylenol, Tramadol, and Naprosyn. Patient is retired. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In progress report dated 06/18/15 and the subsequent reports, treater states that physical modalities and exercises learned in physical therapy are proving effective in maintaining the patient's pain levels, functions, ROM, and overall sense of comfort, allowing the patient to continue performing ADLs and household chores. However, it is not clear how many sessions of physical therapy the patient has completed to date. Given the patient's condition, a short course of therapy would be indicated. MTUS guidelines recommend 9 to 10 visits for myalgia and myositis, and 8 to 10 visits for neuralgia and radiculitis. However, without knowing the number of sessions completed by the patient, the request for 6 additional sessions cannot be substantiated. Therefore, the request IS NOT medically necessary.