

Case Number:	CM15-0180686		
Date Assigned:	09/22/2015	Date of Injury:	02/16/2007
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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, California

Certification(s)/Specialty: Emergency 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:

The injured worker is a 57 year old male who sustained an industrial injury on 2-16-07. A review of the medical records indicates he is undergoing treatment for cervical sprain, cervical spinal cord syrinx, carpal tunnel syndrome, possible thoracic spinal cord syrinx extending into the upper lumbar region, multi-level cervical degenerative disk disease with bilateral foraminal stenosis C3-4, C4-5, and C6-7, lumbar multi-level degenerative disease with multi-level canal stenosis and bilateral foraminal stenosis, worse at L2-3, L3-4, L4-5, less at L5-S1, right shoulder sprain, low testosterone from chronic opiate, posterior lumbar decompression on 1-24-12, postoperative cervical left upper extremity radiculopathy with shoulder sprain, postoperative myelopathy - cervical versus lumbar, cerebral tonsillar inferior protrusion - herniation, and spinal myelopathy with ataxia and imbalance. Medical records (6-2-15 to 8-24-15) indicate ongoing complaints of neck pain with radiation down the arms with pain in both wrists, associated with numbness. He also has bilateral shoulder pain, low back pain, which radiates down his legs into his feet (6-10-15). The records indicate he has "occupational asthma handled under a separate claim that has a significant allergic component" (6-2-15). The records also indicate that he has a "separate knee injury" and "may be going on a cruise if he gets adequate pain control" (8-24-15). The 6-10-15 report states that the injured worker "had a knee arthroscopy that was declared that he may need total knee replacement in the future". The physical exam (8-24-15) reveals tenderness to the bilateral upper back and neck, affecting the right side more than the left, tenderness with "twitch response" over the posterior cervical paravertebral muscles, shoulder blade, extending up to the cervicooccipital region, affecting the right side more than the left, tenderness "twitch response" to bilateral lumbosacral region, a

guarded gait, and tenderness to both carpometacarpal joints. Diagnostic studies have included an MRI of the right shoulder, a cervical MRI, and nerve conduction studies of bilateral upper extremities. Treatment has included physical therapy, massage therapy, stretches and exercises, pool therapy, at least 5 sessions of acupuncture, trigger point injections, medications, and surgery of the lumbar spine. The utilization review (9-1-15) indicates the requested services include Zyrtec, Monovisc injections for bilateral knees, acupuncture x 6 sessions, and trigger point injections. The UR determination indicates denial of all requested services indicating the rationale as follows: 1. Zyrtec - the UR states "it is not clear that the claimant's allergies are the result of a compensable injury"; 2. Viscosupplementation of bilateral knees with Monovisc - "no documentation of medical necessity supported by high-quality scientific evidence-based guidelines, has been submitted to justify this request"; 3. Acupuncture - The UR indicates previous acupuncture treatments and that "no evidence has been submitted to confirm functional improvement as the direct result of previous acupuncture treatments"; 4. Trigger point injections - "No evidence has been submitted to confirm the presence of discrete trigger points with twitch response and referred pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyrtec (quantity unspecified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/zyrtec.html>.

Decision rationale: Ca MTUS and ODG are silent on this topic. The above reference states "Zyrtec (cetirizine) is an antihistamine that reduces the effects of natural chemical histamine in the body. Histamine can produce symptoms of sneezing, itching, watery eyes, and runny nose." After reviewing the submitted documentation, there is no listed diagnosis of allergies although there is a statement that Zyrtec is used as needed for allergies. It is unclear from the records what allergies the IW has, what symptoms the medications treats, the frequency of use or the efficacy of the medication. The submitted request does not include a dose, frequency, or number of pills to dispense. Without clear indications and no documentation of medication effectiveness as well as an incomplete prescription request, Zyrtec is determined not medically necessary.

Monovisc injections for the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, hyaluronic acid injections.

Decision rationale: The MTUS does not address viscosupplementation for the knee. The Official Disability Guidelines have specific recommendations and were used instead. The recommendations include significantly symptomatic osteoarthritis, failure of conservative care for at least 3 months, functional deficits, failed steroid injections, and lack of current candidacy for total knee arthroplasty. There is no discussion of steroid injections to the knees included in the records. The IW has previously had synvisc injections in his knees. There is little documentation to discuss symptom improvement or functional improvement resulting from these treatments. There is no discussion of evaluation or consideration of total knee arthroplasty. The treating physician has not provided sufficient information about this injured worker to show that these kinds of recommendations are met. Therefore, the viscosupplementation is not medically necessary.

Acupuncture x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. An initial course of acupuncture is 3-6 visits per the MTUS. Documentation references previous acupuncture treatment; however, there is no documentation of these treatments or discussion of any benefit from these treatments. Documentation does not provide evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, or decreasing dependency on medical treatment. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. Additional acupuncture is not medically necessary based on lack of functional improvement documented in the documentation as defined in the MTUS.

Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS recommends trigger point injections for myofascial pain syndrome only and not for radicular pain. Trigger points are focal areas of tenderness that produce a local twitch in response to stimulus to the area. The IW has previously had trigger point injections with report of symptom relief. No reports outline a sufficient degree of benefit per the MTUS criteria. These criteria include 50% pain relief for 6 weeks and "functional improvement". The submitted material does not support a local twitch response when stimulated

or recorded. Furthermore, the request does not include to location of the trigger points, the substance to be delivered through the injection, the number or frequency of treatments. Ca MTUS guidelines recommend 3-4 injections per visit. Without documentation of functional improvement or a detailed request, trigger point injections are determined not medically necessary.