

Case Number:	CM15-0188569		
Date Assigned:	09/30/2015	Date of Injury:	06/17/2014
Decision Date:	12/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 59 year old female, who sustained an industrial-work injury on 6-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc protrusion, lumbar radiculopathy and lumbar myofascitis. Medical records dated (2-16-15 to 8-4-15) indicate that the injured worker complains of frequent moderate low back pain that radiates to the both legs. She state that she gets relief with use of medications. The medical records dated 8-5-15 the injured worker reports that the numbness and tingling has increased and she ambulates with use of a cane at times. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-4-15 the injured worker has not returned to work. The physical exam dated 8-4-15 reveals tenderness to palpation of the lumbar paravertebral muscles; muscle spasm, Kemp's and Miligram's causes pain and straight leg raise causes pain. The physician indicates that the injured worker has developed pain and resultant emotional stressors and as result she has developed sleep disturbances. Treatment to date has included pain medication, Capsaicin patch since at least 3-4-15, acupuncture (unknown amount), chiropractic (unknown amount), physical therapy (unknown amount) and other modalities. The treating physician indicates that the urine drug test result dated 6-24-15 was consistent with the medication prescribed. Magnetic resonance imaging (MRI) of the lumbar spine dated 8-13-14 reveals degenerative anterolisthesis of L4 on L5 with severe bilateral facet arthrosis and annular bulge creates a moderate central canal narrowing and mild bilateral neural foraminal narrowing. The request for authorization date was 8-4-15 and requested services included Capsaicin patch, Physical therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions, Acupuncture therapy,

lumbar spine, 2 times weekly for 6 weeks, 12 sessions, Internal Medicine consultation, Sleep Study consultation, and Ortho Surgeon consultation. The original Utilization review dated 8-24-15 non-certified- the request for Capsaicin patch, Physical therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions, Acupuncture therapy, lumbar spine, 2 times weekly for 6 weeks, 12 sessions, Internal Medicine consultation, Sleep Study consultation, and Ortho Surgeon consultation.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The medical records support that this patient has lower back pain secondary to myofascial disease and radiculitis. There is no medical documentation that the patient has been intolerant or not responded to alternative therapies. Therefore, based on the submitted medical documentation, the request for capsaicin patch is not medically necessary.

Physical therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions: 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): Physical Medicine.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an

independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support formal PT for longer than the patient's prior sessions. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.

Acupuncture therapy, lumbar spine, 2 times weekly for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for q2 times per week for six weeks (total of 12 sessions). She has been diagnosed with radiculitis, disc protrusion and nonspecific lumbar soft tissue pain. Based on MTUS guidelines, a trial of acupuncture is clinically appropriate but the requested duration exceeds guidelines. Therefore, based on the submitted medical documentation, the request for acupuncture testing is not medically necessary.

Internal Medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an internal medicine consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent metabolic disease requiring consultation. The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has not been documented to have any recent evidence of metabolic dysfunction. Without clear evidence of medical comorbidities that are unstable and require specialty consultation, a referral is not indicated. Therefore, based on the submitted medical documentation, the request for Internal medicine consultation is not medically necessary.

Sleep Study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Polysomnography (sleep study).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Mental, Polysomnography.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a sleep study for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), a sleep study is: "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded." Additionally, ODG states that sleep studies are: "Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders." Regarding this patient's case, there is no documentation of this patient's insomnia being unresponsive to behavioral intervention and sleep promoting medications. Therefore, based on the submitted medical documentation, the request for polysomnography consultation is not medically necessary.

Ortho Surgeon consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of an orthopedic consultation for this patient. The clinical records submitted do support the fact that this patient has been documented to have recent orthopedic disease requiring consultation. The California MTUS guidelines address the issue of consultants for back and neck related pain by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has been documented to have chronic back pain on physical exam. The medical records indicate that she has chronic pain syndrome with lumbar symptoms secondary to myofascial disease and radiculitis. Physical signs of tissue insult or nerve impairment are documented. Prior imaging studies support that the patient has been diagnosed with bulging disc disease. Therefore, based on the submitted medical documentation, the request for orthopedic consultation is medically necessary.