

Case Number:	CM15-0191250		
Date Assigned:	10/05/2015	Date of Injury:	11/05/2008
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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, Illinois

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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 11-5-2008. The medical records indicate that the injured worker is undergoing treatment for 3 millimeter disc bulge at C5-6 with left greater than right foraminal narrowing, 2-3 milliliter disc bulge at C6-7 with right greater than left foraminal narrowing, right upper extremity radiculopathy, chronic cervicalgia, possible complex regional pain syndrome, spinal stenosis at C5-6, facet arthropathy L4-5 and L5-S1, rule out sacroiliac joint dysfunction, migraine headaches, and myospasms. According to the progress report dated 8-18-2015, the injured worker presented with complaints of ongoing difficulty with pain in her neck, shoulders, bilateral upper extremities, upper back, mid back, low back, and bilateral lower extremities. She reports that when she is bending forward, pain shoots down her legs. There is numbness present in her legs and shoulders. On a subjective pain scale, she rates her pain 3-4 out of 10 with medications and 10 out of 10 without. The physical examination of the lumbar spine reveals antalgic gait. She continues to have diffuse pain in the lumbar paraspinal musculature, which is readily exacerbated with range of motion. Examination of the cervical spine reveals significant guarding with restricted and painful range of motion. The current medications are Lyrica, Naprosyn, Nexium, Topamax, Percocet, Nucynta, and Imitrex. Previous diagnostic testing includes x-rays and MRI studies. Treatments to date include medication management, physical therapy, acupuncture (unknown amount or results), and selective right-sided nerve root block L5-S1 (2-9-2015). On the progress note from 6-24-2015, her work status was described as temporary total disability. The original

utilization review (9-1-2015) had non-certified a request for 8 acupuncture sessions to the cervical and lumbar spine, TENS unit with differential pad for the cervical spine, and referral to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Cervical/Lumbar Spine 2X4 # 8 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The injured worker sustained a work related injury on 11-5-2008. The medical records indicate that the injured worker is undergoing treatment for 3 millimeter disc bulge at C5-6 with left greater than right foraminal narrowing, 2-3 milliliter disc bulge at C6-7 with right greater than left foraminal narrowing, right upper extremity radiculopathy, chronic cervicalgia, possible complex regional pain syndrome, spinal stenosis at C5-6, facet arthropathy L4-5 and L5-S1, rule out sacroiliac joint dysfunction, migraine headaches, and myospasms. Treatments have included medication management, physical therapy, acupuncture (unknown amount or results), and selective right-sided nerve root block L5-S1 (2-9-2015). The medical records provided for review do not indicate a medical necessity for Acupuncture Cervical/ Lumbar Spine 2X4 # 8 Sessions. The MTUS states that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records indicate that none of these requirements for use of acupuncture is applicable in this case. Therefore, the request is not medically necessary.

TENS Unit With Differential Pad for Cervical Spine X 1: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 11-5-2008. The medical records indicate that the injured worker is undergoing treatment for 3 millimeter disc bulge at C5-6 with left greater than right foraminal narrowing, 2-3 milliliter disc bulge at C6-7 with right greater than left foraminal narrowing, right upper extremity radiculopathy, chronic cervicalgia, possible complex regional pain syndrome, spinal stenosis at C5-6, facet arthropathy L4-5 and L5-S1, rule out sacroiliac joint dysfunction, migraine headaches, and myospasms. Treatments have included medication management, physical therapy, acupuncture (unknown amount or results), and selective right-sided nerve root block L5-S1 (2-9-2015). The medical records provided for review do not indicate a medical necessity for TENS Unit with Differential Pad for Cervical Spine X 1. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration

following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long-term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. In addition, the guideline recommends the use of two electrode unit rather than the four electrodes. The medical records do not indicate the injured worker has been enrolled in an evidence based functional restoration program. Therefore, the request is not medically necessary.

Referral To Pain Management: Overturned

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

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

Decision rationale: The injured worker sustained a work related injury on 11-5-2008. The medical records indicate that the injured worker is undergoing treatment for 3 millimeter disc bulge at C5-6 with left greater than right foraminal narrowing, 2-3 milliliter disc bulge at C6-7 with right greater than left foraminal narrowing, right upper extremity radiculopathy, chronic cervicalgia, possible complex regional pain syndrome, spinal stenosis at C5-6, facet arthropathy L4-5 and L5-S1, rule out sacroiliac joint dysfunction, migraine headaches, and myospasms. Treatments have included medication management, physical therapy, acupuncture (unknown amount or results), and selective right-sided nerve root block L5-S1 (2-9-2015). The medical records provided for review do indicate a medical necessity for: Referral To Pain Management. The medical records indicate this is a complex medical case that involves delayed recovery, psychological issues, chronic opioid use, and severe pain. Therefore, it medically necessary and appropriate to follow the recommendation of the MTUS, which states, "physicians need to find their comfort point and refer the situations that are beyond it."