

Case Number:	CM15-0202237		
Date Assigned:	10/19/2015	Date of Injury:	04/29/2011
Decision Date:	12/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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

Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 4-29-11. Medical records indicate that the injured worker is undergoing treatment for lumbar intervertebral disc disorder with myelopathy of the lumbar region, insomnia and anxiety. The injured workers current work status was not identified. On (9-24-15 and 8-21-15) the injured worker complained of right sacroiliac joint, sacral, left posterior shoulder, left posterior wrist, right anterior wrist, left anterior hand, right buttock and left cervical dorsal and left mid thoracic pain. The pain was rated 3-5 out of 10 on the visual analogue scale. Objective findings revealed tenderness to palpation of the lumbar, bilateral sacroiliac joints, sacrum and bilateral anterior shoulders. Lumbar range of motion was decreased. Left shoulder internal rotation and left external rotation were decreased. Gastrointestinal symptoms were not noted. Treatment and evaluation to date has included medications, MRI of the lumbar spine, physical therapy, acupuncture treatments (unspecified amount), urine drug screen, arthroscopic shoulder surgery and lumbar spine surgery. A progress report dated 6-22-15 noted that the injured worker was to continue acupuncture treatments as it was providing relief. Current medications include Norco and Amitiza (since at least August of 2015). The request for authorization dated 9-24-15 included requests for acupuncture therapy for the lumbar spine # 6, shockwave ultrasound to the right shoulder # 3, Interferential (IF) unit rental for 1 month and Amitiza 8 mcg # 60. The Utilization Review documentation dated 10-1-15 non-certified the requests for acupuncture therapy for the lumbar spine # 6, shockwave ultrasound to the right shoulder # 3, Interferential (IF) unit rental for 1 month and Amitiza 8mcg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture therapy visits for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records are not clear about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Given the MTUS recommendations for use of acupuncture, the requested treatment for lumbar spine acupuncture is not medically necessary.

Three (3) shockwave ultrasound visits for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: As per MTUS/ACOEM Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Initial use of less-invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist. As per progress notes in the Medical Records, the injured worker does not appear to have any significant changes in her chronic symptoms, and there is no evidence of calcifying tendinitis. There is no rationale provided in the submitted medical records that supports this treatment outside of guidelines. The requested treatment: Three (3) shockwave ultrasound visits for right shoulder is not medically necessary and appropriate.

Amitiza 8mcg #60: 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 Official Disability Guidelines (ODG) Pain Chapter-constipation.

Decision rationale: According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. In this case of injured worker, discussion about first line treatment cannot be located within the submitted medical records. The requested medication Amitiza 8mcg #60 is not medically necessary.

Interferential (IF) unit Rental (Months): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)-- Interferential current therapy (IFC).

Decision rationale: As per Official Disability Guidelines (ODG) Interferential current therapy (IFC) is under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. Review of submitted Records provides no clear rationale that meets the recommended guidelines for this requested treatment. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of the guidelines, the medical necessity for Interferential Current Stimulation (ICS) unit has not been established, therefore is not medically necessary.