

Case Number:	CM15-0029271		
Date Assigned:	02/23/2015	Date of Injury:	01/09/2012
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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:

This 52 year old female sustained a work related injury on 01/09/2012. According to a progress report dated 12/23/2014, the injured worker complained of low back pain and neck pain that had remained the same since the last visit. She reported significant depression. Treatments have included epidural steroid injections for the cervical and lumbar spine, 4 sessions of acupuncture with good temporary relief, chiropractic care, Ketoprofen, Gabapentin, Aleve, Tylenol, Norflex, Elavil, Pamelor and Advil. Neck pain was rated 6 on a scale of 1-10. Low back pain was rated 7. There was persistent numbness, tingling and burning sensation that radiated down bilateral lower extremities to the feet, left side much more severe than right. She reported intermittent numbness, tingling and burning down her right arm that radiated down to her hand. TENS unit was utilized with good relief. She did report difficulty sleeping. Current medications included Medrox patches, Norco, Ambien, and Tramadol. Diagnoses included cervical spine disc herniation, lumbar disc herniation, lumbar radiculopathy, status post right shoulder arthroscopy with arthroscopic subacromial decompression and distal clavicle resection and history of injury to right axillary nerve, axillary nerve exploration x 2 with neuroma and formation. On 01/23/2015, Utilization Review non-certified Trazodone 50mg #60, acupuncture 2 times a week for 4 weeks for the lumbar spine and modified follow up exams. In regard to Trazodone, there was no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication was more beneficial to the claimant than a "Y" drug on the Official Disability Guidelines Formulary. Moore & Jefferson Handbook of Medical Psychiatry, 2nd Edition, Mosby Inc. pp. 230, 460 were referenced. In regard to acupuncture, documentation did

not outline significant and specific objective and functional gains from the completed acupuncture visits including pain reduction, increase in range of motion and strength as well as function to warrant continued treatment. There was no clear indication that the claimant had a recent flare-up or aggravation of symptoms to warrant continued acupuncture. CA MTUS Acupuncture Treatment Guidelines were referenced. In regard to follow up exams, the injured worker had ongoing complaints regarding the neck and low back and was taking opioid analgesic. Partial certification was recommended. Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore and Jefferson: Handbook of Medical Psychiatry.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 13-16, Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-depressants.

Decision rationale: The requested Trazodone 50mg #60, is not medically necessary. CA MTUS, Chronic Pain Guidelines, Pg. 13-16, Antidepressants for chronic pain, note "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." The injured worker has neck pain was rated 6 on a scale of 1-10. Low back pain was rated 7. There was persistent numbness, tingling and burning sensation that radiated down bilateral lower extremities to the feet, left side much more severe than right. She reported intermittent numbness, tingling and burning down her right arm that radiated down to her hand. In regard to Trazodone, there was no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication was more beneficial to the claimant than a "Y" drug on the Official Disability Guidelines Formulary. The criteria noted above not having been met, Trazodone 50mg #60 is not medically necessary.

Acupuncture 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 2x4, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has neck pain was rated 6 on a scale of 1-10. Low back pain was rated 7. There was persistent numbness, tingling and burning sensation that radiated down bilateral lower extremities to the feet, left side much more severe than right. She

reported intermittent numbness, tingling and burning down her right arm that radiated down to her hand. The treating physician has not documented objective evidence of derived functional improvement from completed acupuncture sessions. The criteria noted above not having been met, Acupuncture 2x4 is not medically necessary.

Follow up exams: 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 Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Red flag conditions, Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Follow up exams, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has neck pain was rated 6 on a scale of 1-10. Low back pain was rated 7. There was persistent numbness, tingling and burning sensation that radiated down bilateral lower extremities to the feet, left side much more severe than right. She reported intermittent numbness, tingling and burning down her right arm that radiated down to her hand. The treating physician has not documented objective evidence of derived functional improvement from completed acupuncture sessions. The treating physician has not documented the medical necessity for follow-up exams beyond one follow-up session. The criteria noted above not having been met, Follow up exams is not medically necessary.