

Case Number:	CM15-0029701		
Date Assigned:	02/23/2015	Date of Injury:	04/13/2000
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
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: Pennsylvania
 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 69 year-old female who has reported widespread pain of gradual onset attributed to usual work activity, with a listed injury date of 04/13/2000. Diagnoses include right knee sprain, left knee sprain, arthritis of the hip and knee, lumbar sprain, bilateral carpal tunnel syndrome, back pain, facet syndrome, and right shoulder pain. Treatment to date has included surgery, medications, and physical therapy. She is treated with anticoagulants for non-industrial conditions. Pain management physician reports during 2014 reflect ongoing low back and other pain. Medications include Lexapro and Wellbutrin. The treatment plans included lumbar medial branch blocks. The primary treating physician reports are from 2013 to 2015. The treatment plans included massage and physical therapy prescribed in 2013-2015, surgical consultation for possible knee replacement, psychological referral, spine surgical consultation, pain management referral, and medications. Medications for pain per the primary treating physician include Tylenol #3, Lidoderm, and oxycodone. The primary treating physician has stated that the injured worker takes antidepressants on a non-industrial basis, but also alluded to their application for chronic pain. The treating physician noted improvement in pain and walking after a course of physical therapy and 6 more visits were authorized in October 2014. A physical therapy report of 9/30/14 notes completion of 6 visits for the hip, with possibly slight improvement in walking. The physical therapy report of 8/12/14 notes 6 visits for low back pain, with minimal benefit. Additional physical therapy notes are present for physical therapy for the low back in December 2014. Per the primary treating physician report of 01/13/2015, the injured worker has previously seen a neurologist for neck, back and shoulder pain with a diagnosis of possible thoracic outlet

syndrome. A neck vest provided by the neurologist is recommended for better alignment and decompression. The treating physician likens this to a lumbar brace for spondylolisthesis. Diagnostic and therapeutic blocks as recommended by the pain management physician are requested. Physical therapy for the upper back, neck, shoulder, and extremities was prescribed. Bupropion SR 200 mg daily was prescribed for chronic pain. Findings were of multifocal pain and tenderness, signs of carpal tunnel syndrome, and no other neurological changes. On 01/22/2015 Utilization Review non-certified a Neck Vest, Ibuprofen SR 200mg # 90, Diagnostic Therapeutic Blocks, a consultation with Neurology, and 6 sessions of physical therapy. A request date of 1/15/15 was referenced. The Independent Medical Review request was for these items (there was no appeal for bupropion).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck Vest: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date, Overview of thoracic outlet syndromes. In Up To Date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015.

Decision rationale: The treating physician has stated that this vest is a brace for the neck, to treat thoracic outlet syndrome. The physician has likened this vest to a brace for lumbar spondylolisthesis. However, there is no documented instability in the neck. The treating physician has provided no good evidence of thoracic outlet syndrome. The treating physician reports do not provide evidence of neurogenic or vascular thoracic outlet syndrome. The treating physician has not provided quality medical evidence in support of the neck vest. None of the evidence-based treatment guidelines used for this review recommend a neck vest. The Up To Date reference provides a good summary of diagnostic and treatment recommendations, and a neck vest is absent from those recommendations. A neck vest is not one of the recommendations in the MTUS citation above. The neck vest is not medically necessary based on lack of medical evidence and lack of support in evidence-based guidelines.

Diagnostic Therapeutic Blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175; 174, 181, Chronic Pain Treatment Guidelines Bier's block; Botulinum toxin (Botox; Myobloc); CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs); Lumbar sympathetic block; Pulsed radiofrequency treatment (PRF); Trigger point injections Page(s): 24; 25-26; 39, 108; 46; 57; 102; 122.

Decision rationale: This request is non-specific and could refer to any number of injections. There are many kinds of diagnostic and therapeutic injections, or blocks. They are not all the same but have specific indications for specific kinds of patients. All the various kinds of injections are not universally medically necessary for a single patient. The treating physician has not provided an adequate description of the requested service. Some of the possible injections are referenced in the MTUS above. Each of these has its own set of recommendations and indications. As requested the unspecified diagnostic and therapeutic blocks are not medically necessary since the specific kind of injections were not described along with the indications for this injured worker.

6 Sessions of Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement; Physical Medicine Page(s): 9; 98-99.

Decision rationale: This injured worker has attended courses of physical therapy over the last 1-2 years but there is no evidence in the medical records that the physical therapy was for the neck, upper back, and upper extremities. The treating physician has documented a plan to request physical therapy for the upper back and neck. The documented physical therapy was for the low back and hip. Physical therapy for chronic pain is an option per the MTUS citation above. 6 visits are within the maximum visits of 8-10. Given the lack of evidence for any physical therapy for the body parts noted by the treating physician, and the MTUS recommendations, the physical therapy is not medically necessary. The Utilization Review is overturned, as the Utilization Review did not discuss the specific courses of physical therapy documented in the records and provide specific evidence as to the lack of necessity for physical therapy for the body parts for which there was no evidence of prior treatment.

Ibuprofen SR 200mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for Back Pain Acute exacerbations of chronic pain; Back Pain - Chronic low back pain; NSAIDs, specific drug list & adverse effects; Antidepressants for chronic pain; Bupropion Page(s): 68; 68; 70; 13-16; 27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Chronic Pain, Page 99, Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain.

Decision rationale: It is clear from the physician reports that bupropion was prescribed and requested, not ibuprofen. There is no Ibuprofen SR 200mg, whereas there is bupropion in this formulation. If the request were to be for Ibuprofen SR 200mg, it would not be medically

necessary as it is a form which does not exist. Assuming the request to be for bupropion, per the MTUS bupropion is a second or third line option for neuropathic pain after failures of other agents, such as a tricyclic antidepressant (TCA) or serotonin norepinephrine reuptake inhibitor (SNRI). It is not indicated for non-neuropathic back pain or other non-neuropathic pain. There is no evidence of neuropathic pain in this case. There is no evidence that bupropion was instituted after the failure of a TCA or SNRI. There is no evidence of specific pain relief and functional improvement after using bupropion chronically in this injured worker. The updated ACOEM Guidelines strongly recommend against bupropion for chronic pain. This request is not medically necessary, either as some form of ibuprofen or as bupropion.

Consultation with Neurology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Reference ACOEM Guidelines 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consults page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date, Overview of thoracic outlet syndromes. In UpToDate, edited by Ted. W. Post, published by Up To Date in Waltham, MA, 2015.

Decision rationale: It appears from the medical reports that this referral is for treatment with a neurologist with a neck vest. The neck vest is not medically necessary as discussed above, which would make the referral not medically necessary. The treating physician has provided no good evidence of thoracic outlet syndrome. The treating physician reports do not provide good evidence of neurogenic or vascular thoracic outlet syndrome. It is therefore not clear that this injured worker requires a neurology referral. If there is some other reason for this referral it could possibly be necessary but that was not explained. With the available information, this referral is not medically necessary.