

<b>Case Number:</b>	CM15-0218862		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Indiana, 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 59 year old female, who sustained an industrial injury on 1-5-12. The injured worker was being treated for right shoulder tendinitis and neck-upper back tendinitis. On 8-25-15 and 10-13-15, the injured worker complains of persistent pain across mid upper back, lower neck region and upper shoulder blade rated 7-8 out of 10. She denies radicular symptoms. She is not working due to an unrelated back injury; however work status for this injury is full duty. Objective findings dated 8-25-15 revealed tenderness over paracervical, trapezius and periscapular muscles with full cervical range of motion and tenderness over anterior aspect of right shoulder with full range of motion with moderate pain. Treatment to date has included chiropractic treatment (without significant improvement), topical Biofreeze, acupuncture (she felt improved the pain, unknown number of sessions), physical therapy and activity modifications. The treatment plan included request for 6 sessions of acupuncture and dispensing of Biofreeze muscle Gel 3 ounce roll on dispenser. On 10-22-15 request for additional physical rehab 6 sessions, 6 sessions of acupuncture and dispensing of Biofreeze muscle Gel 3 ounce roll on dispenser was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right shoulder and upper back, 6 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture for the right shoulder and upper back, 6 sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are enthesopathy unspecified; and spinal enthesopathy, cervical region. Date of injury is January 5, 2012. Request for authorization is October 13, 2015. The documentation shows the injured worker receives six acupuncture sessions with completion on July 22, 2015. The injured worker feels "a little better". According to an August 25, 2015 progress note, the physical therapy section states zero visits. A consultation to a physiatry provider was requested for an evaluation for physical therapy. There was no subsequent physiatry consultation or physical therapy progress notes in the medical record. According to an October 13, 2015 progress note, the injured worker's symptoms are worse since the last visit with upper back, neck and upper shoulder blade. The injured worker received chiropractic treatment and uses bio freeze. Objectively, there is no physical examination in the medical record. The office visit was limited to discussion only. The treating provider will request an additional six acupuncture sessions. There is no documentation from the physiatry provider. It is unclear whether and how much physical therapy was provided to the injured worker. The guidelines recommend up to 8 to 12 visits with evidence of objective functional improvement. There is no documentation demonstrating objective functional improvement from acupuncture rendered to the injured worker through July 22, 2015. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement, acupuncture for the right shoulder and upper back, 6 sessions is not medically necessary.

**Physical rehab, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical rehabilitation six sessions is not medically necessary. Patients

should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are enthesopathy unspecified; and spinal enthesopathy, cervical region. Date of injury is January 5, 2012. Request for authorization is October 13, 2015. The documentation shows the injured worker receives six acupuncture sessions with completion on July 22, 2015. The injured worker feels "a little better". According to an August 25, 2015 progress note, the physical therapy section states zero visits. A consultation to a physiatry provider was requested for an evaluation for physical therapy. There was no subsequent physiatry consultation or physical therapy progress notes in the medical record. According to an October 13, 2015 progress note, the injured worker's symptoms are worse since the last visit with upper back, neck and upper shoulder blade. The injured worker received chiropractic treatment and uses bio freeze. Objectively, there is no physical examination in the medical record. The office visit was limited to discussion only. It is unclear whether and how much of physical therapy the injured worker received to date. A consultation with a physiatry provider was requested, but it is unclear whether the injured worker received physical therapy. This is a three-year-old injury and it is likely the injured worker received physical therapy. The date of injury is January 5, 2012 and the medical record contains 59 pages. Additionally, there was no physical examination performed during the October 13, 2015 evaluation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, insufficient documentation indicating whether the worker received physical therapy, no documentation indicating how much physical therapy to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical rehabilitation six sessions is not medically necessary.

**Retrospective: BioFreeze muscle gel 3oz, #1 (DOS: 10/13/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective biofreeze muscle gel 3 ounces, #1 date of service October 13, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, injured worker's working diagnoses are enthesopathy unspecified; and spinal enthesopathy, cervical region. Date of injury is January 5, 2012. Request for authorization is October 13, 2015. The documentation shows the injured worker receives six acupuncture sessions with completion on

July 22, 2015. The injured worker feels "a little better". According to an August 25, 2015 progress note, the physical therapy section states zero visits. A consultation to a physiatry provider was requested for an evaluation for physical therapy. There was no subsequent physiatry consultation or physical therapy progress notes in the medical record. According to an October 13, 2015 progress note, the injured worker's symptoms are worse since the last visit with upper back, neck and upper shoulder blade. The injured worker received chiropractic treatment and uses bio freeze. Objectively, there is no physical examination in the medical record. The office visit was limited to discussion only. It is unclear whether and how much of physical therapy the injured worker received to date. A consultation with a physiatry provider was requested, but it is unclear whether the injured worker received physical therapy. This is a three- year-old injury and it is likely the injured worker received physical therapy. The date of injury is January 5, 2012 and the medical record contains 59 pages. Menthol is available in over-the- counter preparations. There is no documentation of failed first-line treatment for neuropathic pain with antidepressants or anticonvulsants. Additionally, there is no documentation demonstrating objective functional improvement to support ongoing bio freeze. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line treatment and guideline indications that topical analgesics are largely experimental with few controlled trials, retrospective biofreeze muscle gel 3 ounces, #1 date of service October 13, 2015 is not medically necessary.