

<b>Case Number:</b>	CM15-0219039		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	01/16/2007
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/09/2015
<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: 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 53 year old male, who sustained an industrial injury on January 16, 2007. The injured worker was diagnosed as having chronic pain syndrome, chronic low back and buttock pain with radiculitis, failed back surgery syndrome, probable sacroiliac joint pain syndrome with the left greater than the right, lumbar radiculitis and radiculopathy, chronic neck pain with post-cervical fusion syndrome, and decompression and fusion, chronic right upper limb numbness secondary to probable chronic cervical radiculopathy, chronic right shoulder pain status post right shoulder surgery, insomnia with chronic pain, and opioid treatment agreement reviewed and updated on January 05, 2015. Treatment and diagnostic studies to date has included at least one session of electroacupuncture, status post anterior disc replacement at lumbar four to five and lumbar five to sacral one in 2011, status post decompression and fusion at cervical four to five, cervical five to six, and cervical six to seven in 2010, status post right shoulder surgery, weight loss program, medication regimen, electromyogram with nerve conduction study to the bilateral arms and legs, and laboratory studies. In a progress note dated September 23, 2015 the treating physician reports complaints of chronic, "moderate to severe" pain to the low back, neck, and shoulders. Examination performed on September 23, 2015 was revealing for tenderness to the lumbar four to sacral one levels midline, tenderness to the lumbar paraspinal muscles at lumbar four to sacral one levels, tenderness to the posterior sacral iliac spine and the sacroiliac joint with the left greater than the right, decreased range of motion to the lumbar spine, numbness to the right calf and foot and the left foot to the lumbar five to sacral one distribution, tenderness to the mid cervical four through seven spinous processes, tenderness to the cervical paraspinal muscles, tenderness to the bilateral trapezius region, and decreased range of motion to the cervical spine. The injured worker's medication regimen on September 23, 2015 included Norco, Naprosyn, and

Prilosec since at least prior to May 27, 2015. The injured worker's pain level on September 23, 2015 was rated a 9 on scale of 0 to 10 without the use of his medication regimen, but did not indicate the injured worker's pain level with the use of his medication regimen. The treating physician noted that the injured worker has a decreased in his pain "to a tolerable level" and was also noted to "function better", "walk and stand longer", "do groceries and help with house chores", "sleep better", "his relationship with family is better", and denies any side effects with his medication regimen. On September 23, 2015 the treating physician noted that the injured worker failed right shoulder surgery, has failed back surgery syndrome, and has pain to the neck after the cervical fusion. The progress note from September 23, 2015 noted that the injured worker underwent a weight loss program, but the note did not include the dates that the injured worker attended the program or the results from the weight loss program. The progress note from May 27, 2015 noted that the injured worker has had a weight gain of 50 pounds since the date of injury. The progress notes from June 24, 2015 and September 23, 2015 also noted that another physician prescribed a diet pill Diethylpropion (since at least prior to May 27, 2015), but the medical records did not indicate if the injured worker has had any improvement in weight loss with the use of this medication. The progress note from September 24, 2015 noted that the injured worker underwent his first electroacupuncture treatment to the neck with the pain reported as unchanged immediately post treatment. On September 23, 2015 the treating physician requested 1 quantity of acupuncture (no duration specified) noting acupuncture approval, continue other pain management medications as reviewed (no specified medication specified) noting current use of the medications Norco, Naprosyn, and Prilosec as noted above, and weight loss program (no duration specified), but did not indicate the specific reason for the requested weight loss program. On October 9, 2015 the Utilization Review denied the request for 1 quantity of acupuncture (no duration specified), continue other pain management medications as reviewed (no specified medication specified), and weight loss program (no duration specified).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture (no duration specified) QTY 1.00: 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 January 16, 2007. The medical records provided indicate the diagnosis of chronic pain syndrome, chronic low back and buttock pain with radiculitis, failed back surgery syndrome, probable sacroiliac joint pain syndrome with the left greater than the right, lumbar radiculitis and radiculopathy, chronic neck pain with post-cervical fusion syndrome, and decompression and fusion, chronic right upper limb numbness secondary to probable chronic cervical radiculopathy, chronic right shoulder pain status post right shoulder surgery, insomnia with chronic pain. Treatment to date has included at least one session of electroacupuncture, status post anterior disc replacement at lumbar four to five and lumbar five to sacral one in 2011, status post decompression and fusion at cervical four to five, cervical five to six, and cervical six to seven in 2010, status post right shoulder surgery, weight loss program, medication regimen. The medical records provided for review do not indicate a medical necessity for Acupuncture (no duration specified) QTY 1.00. The requested treatment lacks information on the expected number, and duration of treatment. Also, the 09/29/15 report indicates the injured worker had at that time had 1 of six acupuncture visits. It is uncertain which of the acupuncture treatments precedes the other, or whether it is the

same. The MTUS Acupuncture Treatment Guidelines recommend: (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The request is not medically necessary.

**Continue other pain management med as reviewed (no specific medications specified) QTY 1.00:** Upheld

**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): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The injured worker sustained a work related injury on January 16, 2007. The medical records provided indicate the diagnosis of chronic pain syndrome, chronic low back and buttock pain with radiculitis, failed back surgery syndrome, probable sacroiliac joint pain syndrome with the left greater than the right, lumbar radiculitis and radiculopathy, chronic neck pain with post-cervical fusion syndrome, and decompression and fusion, chronic right upper limb numbness secondary to probable chronic cervical radiculopathy, chronic right shoulder pain status post right shoulder surgery, insomnia with chronic pain. Treatment to date has included at least one session of electroacupuncture, status post anterior disc replacement at lumbar four to five and lumbar five to sacral one in 2011, status post decompression and fusion at cervical four to five, cervical five to six, and cervical six to seven in 2010, status post right shoulder surgery, weight loss program, medication regimen. The medical records provided for review do not indicate a medical necessity for Continue other pain management med as reviewed (no specific medications specified) QTY 1.00. The Medical records indicate the injured worker is being treated with Norco, Naproxen and Prilosec. The records indicate the injured worker is properly monitored for liver and renal functions as recommended by the MTUS for individuals on NSAIDs. However, it is not clear from the records why the injured worker is on Prilosec, a proton pump inhibitor, since the medical records do not indicate the injured worker is at risk for gastrointestinal events. Also, the medical records indicate the injured worker has been taking Naproxen since at least 06/2015, against the MTUS recommendation of acute use of NSAIDs due to several adverse effects. The MTUS states as follows, "Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely." Therefore, while the request does not specify the medications that are to be continued, it is obvious that there is no medical necessity for the two medications the injured worker was listed as taking at the time of the request (the request was specific for the number and frequency of Norco that was being requested).

**Weight loss program (no duration specified):** 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): Introduction.

**Decision rationale:** The injured worker sustained a work related injury on January 16, 2007. The medical records provided indicate the diagnosis of chronic pain syndrome, chronic low back and buttock pain with radiculitis, failed back surgery syndrome, probable sacroiliac joint pain syndrome with the left greater than the right, lumbar radiculitis and radiculopathy, chronic neck pain with post-cervical fusion syndrome, and decompression and fusion, chronic right upper limb numbness secondary to probable chronic cervical radiculopathy, chronic right shoulder pain status post right shoulder surgery, insomnia with chronic pain. Treatment to date has included at least one session of electroacupuncture, status post anterior disc replacement at lumbar four to five and lumbar five to sacral one in 2011, status post decompression and fusion at cervical four to five, cervical five to six, and cervical six to seven in 2010, status post right shoulder surgery, weight loss program, medication regimen. The medical records provided for review do not indicate a medical necessity for Weight loss program (no duration specified). The medical report of 09/23/15 stated the patient has had weight loss program; a medical report of 06/20/2015, indicate the injured worker lost 20 pound between 05/21/15 and 06/2015 through a [REDACTED] program. Therefore, while the medical records indicate significant weight loss through the [REDACTED] weight Loss program, it is not obvious from the request whether this is a new request or a statement advising the injured worker to continue with the ongoing weight loss program. Decisions on future management of the injured worker are based on the information from thorough history, physicals, review of records including previous treatments and tests. The requested treatment is not medically necessary due to the lack of clarity in the request.