

Case Number:	CM15-0030823		
Date Assigned:	02/24/2015	Date of Injury:	02/20/2013
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 37 year old female, who sustained an industrial injury on 2/30/13. She has reported left shoulder, neck and lower back injury. The diagnoses have included cervical spine sprain/strain, cervical spine multilevel disc displacement, cervical spine multilevel disc degeneration, cervical radiculopathy, left shoulder sprain/strain/bursitis, low back pain, lumbar spine multilevel disc displacement, lumbar radiculopathy, bilateral knee pain and bilateral knee sprain/strain. Treatment to date has included lumbar spine surgery, acupuncture, physical therapy, oral pain medications, topical medications and cane for ambulation. (MRI) magnetic resonance imaging of cervical spine performed on 11/8/14 revealed disc desiccation at C2-3 to C5-6, straightening of the normal cervical lordosis which may reflect myospasm, C3-4, C4-5 and C5-6 disc herniation. (MRI) magnetic resonance imaging of right shoulder performed on 11/8/14 was unremarkable. (MRI) magnetic resonance imaging of lumbar spine performed on 11/8/14 revealed straightening of lumbar lordosis curvature which may reflect myospasm, dextroconvex scoliosis of lumbar spine, disc desiccation at L4-5 and L5-S1 with decreased disc height at L5-S1 and L3-4, L4-5 and L5-S1 focal disc herniation. (MRI) magnetic resonance imaging of left knee performed on 11/8/10 revealed patellar tendinosis and suprapatellar effusion. Currently, the injured worker complains of burning radicular neck pain and muscle spasms associated with numbness and tingling of the bilateral upper extremities, burning shoulder pain, burning bilateral knee pain, constant and moderate to severe lumbar spine pain. On physical exam dated 1/21/15, tenderness to palpation is noted at the trapezius and levator scapula muscles with trigger points noted on the left, tenderness to palpation at paralumbar and quadratus lumborum muscles

over the lumbosacral junction with trigger point on the left, tenderness to palpation over the media and lateral knee joint line bilaterally and crepitus is noted with motion. On 1/28/15, Utilization Review non-certified Terocin patches, noting it does not contain the quantity on the request; outpatient shockwave treatment (6) sessions to cervical and lumbar area, physical therapy, 18 sessions to cervical and lumbar area, acupuncture 18 sessions to cervical and lumbar area, noting the lack of documentation of functional improvement from prior therapy and submitted a modified certification for outpatient pain management consultation for pain management only as there is no indication of a dermatomal distribution of pain/sensory/motor loss. The MTUS, ACOEM Guidelines was cited. On 2/9/15, the injured worker submitted an application for IMR for review of Terocin patches, outpatient shockwave treatment (6) sessions to cervical and lumbar area, physical therapy, 18 sessions to cervical and lumbar area, acupuncture 18 sessions to cervical and lumbar area and outpatient pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 18 sessions to the cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 95-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This 37 year old female has complained of low back pain and neck pain since date of injury 2/30/13. She has been treated with acupuncture, physical therapy, lumbar spine surgery and medications. The current request is for physical therapy, 18 sessions to the cervical and lumbar region. Per the MTUS guidelines cited above, physical therapy recommendations allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy, for a total of 9-10 visits over the course of 8 weeks for myalgia and myositis. The available documentation reports that the patient has previously received this number of passive physical therapy sessions. There is no documentation provided that reports any functional improvement from previously tried physical therapy. On the basis of this lack of medical documentation and per the MTUS guidelines cited above, 18 sessions of physical therapy sessions to the cervical and lumbar region is not indicated as medically necessary.

Acupuncture, 18 sessions to the cervical and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: This 37 year old female has complained of low back pain and neck pain since date of injury 2/30/13. She has been treated with acupuncture, physical therapy, lumbar spine surgery and medications. The current request is for acupuncture, 18 sessions to the cervical and lumbar region. Per the MTUS guideline cited above, acupuncture may be continued if there is documentation of functional improvement with prior acupuncture therapy. The available medical records do not include such documentation. On the basis of the MTUS guidelines and available documentation, acupuncture is not indicated as medically necessary.

Outpatient pain management consultation for cervical epidural steroid injection (ESI) and lumbar (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 37 year old female has complained of low back pain and neck pain since date of injury 2/30/13. She has been treated with acupuncture, physical therapy, lumbar spine surgery and medications. The current request is for outpatient pain management consultation for cervical epidural steroid injection (ESI) and lumbar (ESI). Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes; a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, a cervical and lumbar spine epidural corticosteroid injection is not indicated as medically necessary. An outpatient pain management consultation for cervical and lumbar epidural steroid injection is therefore also not indicated as medically necessary.

Purchase of Terocin patches (lidocaine/menthol), no quantity indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Neck, Chapter Low Back, Web edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 37 year old female has complained of low back pain and neck pain since date of injury 2/30/13. She has been treated with acupuncture, physical therapy, lumbar spine surgery and medications. The current request is for Terocin patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Terocin patches is not indicated as medically necessary.

Shockwave treatment 6 sessions to the cervical and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181-182, 308-310.

Decision rationale: This 37 year old female has complained of low back pain and neck pain since date of injury 2/30/13. She has been treated with acupuncture, physical therapy, lumbar spine surgery and medications. The current request is for shockwave treatment 6 sessions to the cervical and lumbar regions. Per the ACOEM guidelines cited above shockwave treatment is not indicated in the treatment of cervical and lumbar complaints. On the basis of the available medical documentation and per the ACOEM guidelines cited above, shockwave treatment to the cervical and lumbar regions, 6 sessions, is not indicated as medically necessary.