

<b>Case Number:</b>	CM15-0036824		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 70 year old female who sustained an industrial injury on 3/8/14. The injured worker reported symptoms in the neck, back and upper extremities. The diagnoses included cervical/trapezial musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis, headaches, thoracic spine musculoligamentous sprain/strain and bilateral shoulder complaints. Treatments to date include chiropractic treatment, acupuncture treatments, physical therapy, oral paid medication, and nonsteroidal anti-inflammatory drugs. In a progress note dated 1/15/15 the treating provider reports the injured worker was with "neck, upper back, shoulder, and upper extremity complaints...rates at 8-9/10 on the pain scale." On 2/10/15 Utilization Review non-certified the request for Acupuncture times 12 (cervical spine), modified the request for Tramadol/APAP 37.5/325 milligrams #90 (dispensed by MD) to Tramadol/APAP 37.5/325 milligrams #75 and modified the request for follow up in 4 weeks follow up in 12 weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 12 (cervical spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/pain.htm>) Acupuncture Guidelines, State of Colorado online treatment guidelines ([http://www.coworkforce.com/dwc/Medical\\_Treatment.asp](http://www.coworkforce.com/dwc/Medical_Treatment.asp)) Acupuncture.

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

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture times 12 to the cervical spine 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 cervical/trapezium musculoligamentous sprain/strain with bilateral upper extremity radiculitis; headaches; thoracic spine musculoligamentous sprain/strain; and bilateral shoulder complaints. November 2014 progress note states the injured worker is engaged in an ongoing acupuncture program. The handwritten acupuncture progress notes in the medical record are illegible. Additionally, the injured worker is noncompliant with attending acupuncture on a regular basis. The documentation indicated 6 visits acupuncture sessions were rendered. The guidelines recommend an initial trial of 3 to 4 visits over two weeks and 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. The treating provider has not provided any compelling clinical facts to indicate additional acupuncture treatment is clinically indicated. As noted above, the injured worker is already engaged in an ongoing acupuncture program and the documentation does not contain objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement with ongoing acupuncture, acupuncture times 12 to the cervical spine is not medically necessary.

**Tramadol/APAP 37.5/325mg #90 (dispensed by MD):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) (DWC) (CURES, <http://ag.ca.gov/bne/trips.htm>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 37.5/325 mg #90 dispensed by physician is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment

should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical/trapezium musculoligamentous sprain/strain with bilateral upper extremity radiculitis; headaches; thoracic spine musculoligamentous sprain/strain; and bilateral shoulder complaints. A progress note from September 2014 indicates Tramadol was prescribed at that time. The request for authorization is for tramadol/APAP 37.5/325 mg. The documentation does not contain a risk assessment. The documentation does not contain a detailed pain assessment (ongoing opiate use). There is no documentation with objective functional improvement to gauge Tramadol/APAP's ongoing efficacy. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of tramadol/APAP in the absence of a risk assessment and detailed pain assistance (for the ongoing use of Tramadol), Tramadol/APAP 37.5/325 mg #90 dispenser by physician is not medically necessary.

**Follow-up 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the Official Disability Guidelines, follow-up in 4 weeks is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are cervical/trapezium musculoligamentous sprain/strain with bilateral upper extremity radiculitis; headaches; thoracic spine musculoligamentous sprain/strain; and bilateral shoulder complaints. The injured worker was seen by the pain management specialist on January 15, 2015. Tramadol was renewed at that time. There were no unique signs and symptoms and the injured worker was clinically stable with no new complaints. Follow-up every 12 weeks is clinically indicated in an otherwise stable injured worker for medication assessment and renewal. The need for clinical office visit is individualized based upon patient concerns, signs and symptoms and clinical stability along with reasonable physician judgment. There is no clinical indication for a four-week follow-up (according to the request for authorization) or a six-week follow-up according to the progress note dated January 15th 2015. Consequently, absent compelling clinical documentation for a follow-up visit in four weeks, follow-up in 4 weeks is not medically necessary.