

Case Number:	CM15-0045513		
Date Assigned:	05/21/2015	Date of Injury:	02/19/1991
Decision Date:	07/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old male with an industrial injury dated 02/19/1991. The mechanism of injury is documented as lifting causing back pain. His diagnoses included spasm of muscle, post laminectomy syndrome lumbar region and pain in joint - lower leg. Other problems included non-insulin dependent diabetes mellitus, reactive depression/anxiety and multiple back surgeries with osteomyelitis. Prior treatment included 6 prior back surgeries, physical therapy, acupuncture and medications. He states his initial MRI showed a lumbar 4-5 herniation with his first surgery being done in November 1991. The pain was worse after the surgery and a second surgery was done about a month later. A third surgery was performed in 1992 and a fourth surgery (fusion of lumbar 4-5) was done about 6-8 months later. He states he got a staph infection and had to have a fifth surgery to find the cause of the infection. A month later he again had an infection and underwent a sixth surgery to debride the wound. He presents on 02/04/2015 with complaints of severe leg pain. He also complains of poor sleep quality due to pain. On exam low back spasm was noted with symptoms of epidural fibrosis/neuropathic pain. The injured worker used a cane to ambulate. His medications included Lidoderm adhesive patch, Nucynta ER, Percocet and Xanax. MRI of the lumbar spine dated 03/21/2014 showed central and right sided disk herniation at lumbar 1-2 with extensive post-operative changes including fusion of lumbar 4-3. The provider documents that acupuncture helps with the pain. Urine drug screen was done at this visit and results of prior urine drug screens documented in this note. The last one was done on 06/05/2013 and the provider documents it was consistent. Treatment plan includes lumbar spine acupuncture times 6 sessions, trial of H wave, trial of spinal cord stimulator, Xanax 1 mg # 10 and Lido Derm patch # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine acupuncture x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, appears there has been prior acupuncture. In fact the patient has had this out of the country and paid out of pocket for it. But a comprehensive summary of how many sessions were previously attended and the functional outcome of prior acupuncture was not identified. Furthermore, clarification was not given as to whether the worker has had prior acupuncture that was authorized by the claims administrator. Given this, the currently requested acupuncture is not medically necessary.

Trial of H-wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave Page(s): 117-118.

Decision rationale: Regarding the request for a trial of H-wave stimulation, the CA MTUS specify that this is a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. It is recommended only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this worker, there is no evidence of failed TENS trial. This would include a description of the duration, frequency, and associated functional restoration program accompanying a TENS trial. Given this requirement, this H-wave stimulation trial does not meet CPMTG criteria. Thus, it is not medically necessary.

Trial SCS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105-106.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS trial Page(s): 38, 101, 105-107.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia.

Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, there is documentation in an April 2015 progress note of epidural fibrosis and failed back surgery syndrome. However, the notes from psychology indicate that a previous SCS trial in 2005 had failed. It is unclear why a repeat trial at this time would be of benefit, and the provider does not provide rationale for why this would be medically appropriate. Thus, the currently requested spinal cord stimulator trial is not medically necessary.

Xanax 1mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.