

Case Number:	CM15-0048760		
Date Assigned:	03/20/2015	Date of Injury:	10/26/2012
Decision Date:	05/11/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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, Washington

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 who reported an injury on 10/26/2012. The mechanism of injury was not included in the documentation submitted for review. His diagnoses included sprain of the lumbar region. His past treatments have included acupuncture, electrical stimulation, and medications. Diagnostic studies were not included in the documentation submitted for review. His surgical history was noncontributory. The injured worker presented on 02/04/2015 with complaints of cervical, lumbar, and right shoulder pain. The injured worker rated his cervical pain as 6/10 that travelled and is relieved with medication. Concerning his lumbar pain, the injured worker complained of constant sharp pain rated at 8/10 that traveled and is relieved with medication. Regarding the injured worker's right shoulder complaints, he described the pain in his right shoulder as throbbing, radiating pain with a pain level of 7/10. Upon physical examination of the cervical spine, range of motion upon extension was at 50 degrees, flexion was at 40 degrees, left lateral bending was at 30 degrees, left rotation was at 60 degrees, right lateral bending was at 30 degrees, and right rotation was at 60 degrees. Upon physical examination of the lumbar spine, range of motion was at 15 degrees, flexion was at 40 degrees, left lateral bending was at 15 degrees, and right lateral bending was at 15 degrees. The injured worker had a positive straight leg raise test bilaterally. Upon physical examination of the right shoulder, abduction was at 120 degrees, adduction was at 30 degrees, extension was at 40 degrees, external rotation was at 80 degrees, flexion was at 140 degrees, and internal rotation was at 60 degrees. His current medication regimen was not included in the documentation submitted for review. The treatment plan was not include in the documentation submitted for

review. The rationale for the request was not included in the documentation submitted for review. A Request for Authorization form was not submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In regard to the request for 12 sessions of acupuncture, 12 sessions of acupuncture is not medically necessary. The injured worker has low back pain. The California Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. Additionally, the guidelines state that it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The documentation submitted for review failed to provide evidence that the injured worker was unable to tolerate medicine or that the injured worker's pain medication had been reduced. Furthermore, the documentation submitted for review provides evidence that the injured worker has had previous treatment with acupuncture; however, there was no documentation of objective functional improvement from previous treatment. As such, the request for 12 sessions of acupuncture is not medically necessary.

Prilosec (omeprazole) DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec DR 20 mg #60 is not medically necessary. The injured worker has neck, right shoulder and low back pain. The California MTUS Guidelines state that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular factors. Additionally, the guidelines state that clinicians should determine if the injured worker is at risk for gastrointestinal events, with risk factors such as greater than 65 years of age; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The documentation submitted for review provides evidence that the injured worker is greater than 65 years of age. However, the documentation submitted for review failed to provide a current medication list for the injured worker. As such, the request for Prilosec DR 20 mg #60 is not medically necessary.

NCV/EMG for bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for NCV/EMG for bilateral upper and lower extremities is not medically necessary. The injured worker has neck, lumbar and right shoulder pain. The documentation submitted for review provides evidence that the injured worker has radiating neck and lumbar pain. Additionally, the documentation submitted for review provides evidence that on physical examination, the injured worker had significant decreased range of motion and positive bilateral straight leg raise test. The California ACOEM Guidelines state that electromyography may be used to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than three or four weeks. Additionally, the California ACOEM Guidelines state that electromyography and nerve conduction velocities may help to identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. However, the documentation submitted for review provides evidence that the injured worker had clear clinical objective signs and symptoms of neurologic compromise on examination. As such, the request for NCV/EMG for bilateral upper and lower extremities is not medically necessary.

1 set epidural injections (L3-S1 levels): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for 1 set epidural steroid injections, level L3-S1, is not medically necessary. The injured worker has low back, neck, and right shoulder pain. The California MTUS Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Additionally, the guidelines state that patients must be initially unresponsive to conservative treatment. Furthermore, the guidelines state that no more than 2 nerve root levels should be injected at a time. The documentation submitted for review provided evidence that the injured worker has radiculopathy upon physical examination. However, the documentation submitted for review failed to provide evidence of radiculopathy corroborated by imaging studies. Additionally, there are 3 root levels requested to be injected. As such, the request for 1 set of epidural injections (L3-S1 levels) is not medically necessary.

1 set epidural steroid injections (C3-C6 levels): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for 1 set epidural steroid injections at C3-C6 levels is not medically necessary. The injured worker has low back, neck, and shoulder pain. The California MTUS Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies. Additionally, the guidelines state that no more than 2 nerve root levels should be injected at a time. The documentation submitted for review failed to provide evidence of radiculopathy upon examination corroborated by imaging studies. Furthermore, the request as submitted indicates that 3 levels are to be injected at one time. As such, the request for 1 set of epidural steroid injections (C3-C6 levels) is not medically necessary.