

Case Number:	CM15-0051073		
Date Assigned:	03/24/2015	Date of Injury:	10/09/2013
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 49-year-old male with a reported injury on 10/09/2013. The injury reportedly occurred when he was involved in an altercation. His diagnoses were noted to include cervical spine strain, myofascial strain of the lumbar spine, and contusion of the right shoulder. His other therapies have included medications, activity modification, acupuncture, and physical therapy. His diagnostic testing has included an MRI of the lumbar spine on 09/03/2014, which reported: 1) at L5-S1, there is mild central canal narrowing with severe left foraminal narrowing and moderate right foraminal narrowing, and 2) at L1-2, there is a small left lateral recess disc protrusion, which contacts the traversing left L2 nerve root. He also had electrodiagnostic testing on 11/10/2014, which reported no electrophysiologic evidence to support motor radiculopathy in the lower extremities, no electrophysiologic evidence of entrapment neuropathy on the peroneal and tibial nerves, and no electrophysiological evidence to support distal peripheral neuropathy in the lower extremities. The only surgeries indicated were 3 eye surgeries. The injured worker was evaluated on 02/17/2015 for complaints of intermittent pain in the shoulders rated 4/10 in intensity. The injured worker noted that his shoulder pain was improving. The injured worker also complained of neck pain with radiation to the bilateral shoulders rated 4/10 in intensity. The injured worker indicated that this neck pain was improving. The injured worker also reported low back pain rated 4/10 in intensity and that his low back pain was improving. The injured worker reported that his pain was aggravated by prolonged sitting, prolonged standing, repetitive bending, repetitive neck bending, repetitive overhead reaching, repetitive lifting, pushing, and cold weather. The injured worker reported

that repetitive lifting of any weight over 5 pounds and the lifting of any heavy object over 5 pounds would aggravate his pain. The injured worker reported that his pain was reduced with rest. Physical examination revealed nonspecific tenderness to the right shoulder with minimal tenderness at the supraspinatus and upper trapezius on the right. Supraspinatus resistance test and Codman drop arm test revealed pain on the right shoulder. Range of motion on the right measured 170 degrees of flexion, 45 degrees of extension, 170 degrees of abduction, 50 degrees of adduction, and 80 degrees of internal rotation and external rotation. Upper extremity reflexes were normal bilaterally. There was no loss or abnormal sensation. There was active movement against gravity with full resistance in all tested myotomes. At level C5-6, C6-7, and C7-T1, palpation revealed minimal paraspinal tenderness bilaterally. Shoulder depression test revealed pain on both sides. Cervical spine range of motion was decreased to 45 degrees of flexion, 55 degrees of extension, 80 degrees of bilateral rotation, and 40 degrees of lateral tilt of bilateral lateral tilt/flex. Regarding the lumbar spine, Kemp's test/facet revealed pain on both sides. Straight leg raise test was positive bilaterally. Lower extremity reflexes were normal. There was no loss of sensation or abnormal sensation in the lower extremities. Levels L3-4 and L4-5 revealed minimal paraspinal tenderness to palpation. Lumbar spine range of motion was decreased to 55 degrees of flexion, 15 degrees of extension, and 25 degrees of bilateral lateral bending. The clinician's treatment plan was to request authorization for acupuncture treatments x12, a pain management consultation, ESI/facet block injection, and medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation; Epidural steroid injection (ESI)/facet block injection:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4, page(s) 89-92.

Decision rationale: Decision for Pain management consultation; Epidural steroid injection (ESI)/facet block injection is upheld. The injured worker continued to complain of pain. The California MTUS/ACOEM Guidelines support referrals when the practitioner is uncomfortable with treating a particular cause of delayed recovery. The clinician indicated that this injured worker may be a candidate for invasive procedures and a pain management consultation is supported. The California MTUS Chronic Pain Guidelines recommend epidural steroid injection when certain criteria are met. The provided documentation did not indicate radiculopathy with evidence of decreased sensation in a dermatomal distribution, weakness, decreased deep tendon reflexes, and positive special testing corroborated by diagnostic imaging. The California

MTUS/ACOEM Guidelines state that facet joint injections of cortisone and lidocaine are of questionable merit and that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for facet joint diagnostic blocks/injections indicate that there must be failure of conservative treatment and no more than 2 facet joint levels are injected in 1 session. The request did not include levels of injection for either the epidural steroid injections or the facet block injections and as such, those requested services are not supported. Therefore, the decision for Pain management consultation; Epidural steroid injection (ESI)/facet block injection is upheld for a pain management consultation only. Therefore, the requested treatment is not medically necessary.

12 visits of acupuncture (2 times 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 visits of acupuncture (2 times 6) is not medically necessary. The patient continued to complain of pain. The California MTUS Acupuncture Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments and that acupuncture treatments may be extended if functional improvement is documented. While the treating clinician did indicate that the injured worker was improving with acupuncture, there were no measures of functional deficit improvement. Additionally, the requested number of visits exceeds the guideline recommendations to produce results. As such, the request for acupuncture is not supported. Therefore, the request for 12 visits of acupuncture (2 times 6) is not medically necessary.

TGIce: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for TGIce is not medically necessary. The patient continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The provided documentation did not indicate that the patient had neuropathic pain with trial and failure of antidepressants or anticonvulsants. Additionally, the guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Gabapentin is not recommended for topical application. Capsaicin is indicated

for patients who have not responded to or are intolerant of other treatments in a formulation of 0.025%. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. As the requested topical medication contains drugs that are not recommended for topical application, the requested service is not supported. Therefore, the request for TGIce is not medically necessary.

Flurbiprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for flurbiprofen 20% is not medically necessary. The patient continued to complain of pain. The California MTUS Chronic Pain Guidelines state that nonsteroidal anti-inflammatories are not recommended for neuropathic pain and the Voltaren gel 1% is approved for the treatment of osteoarthritis. No other nonsteroidal anti-inflammatory drugs are approved for topical application. As such, the requested service is not supported. Therefore, the request for flurbiprofen 20% is not medically necessary.