

Case Number:	CM15-0051493		
Date Assigned:	03/24/2015	Date of Injury:	06/17/2014
Decision Date:	05/11/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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 48-year-old female who reported injury on 06/17/2014. The mechanism of injury was the injured worker was lifting a plant. Prior therapies included 7 sessions of physical therapy and a caudal epidural injection. The injured worker was noted to undergo an MRI, which revealed degenerative anterolisthesis at L4 and L5 with severe bilateral facet arthrosis and moderate central canal narrowing and mild bilateral neural foraminal narrowing. The documentation of 01/21/2015 revealed the injured worker had complaints of frequent moderate low back pain radiating to the right leg. The objective findings revealed decreased range of motion of the lumbar spine. There was tenderness to palpation of the lumbar paravertebral muscles and muscle spasms of the lumbar paravertebral muscles. The Kemp's test, Milgram's test, Braggard's test, and straight leg raise caused pain. Diagnoses included lumbar disc protrusion and lumbar myofascitis. The treatment plan included trigger point injection x2 to paralumbar muscles, Toradol 60 mg IM injection, internal medicine consultation based on positive results found in autonomic nervous system examination. As a result of the industrially related pain and/or emotional stressors, the injured worker developed sleep disturbances. There was a request for a spinal surgeon follow-up for pain management. There was a request for authorization submitted for review for pain management, follow-up consultation, internal medicine and sleep study consultation as well a surgical initial consultation. There was a request for authorization submitted for review for extracorporeal shockwave therapy, hot and cold unit, infared electroacupuncture and capsaicin pain and pain management dated 02/16/2015. The diagnoses included lumbar disc protrusion and lumbar myofascitis. The physician

documentation dated 02/16/2015 revealed the injured worker was utilizing a cane to support walking. Motor strength was 5/5 bilaterally in the upper and lower extremities. The injured worker had a mild antalgic gait. The injured worker complained of frequent low back pain, moderate low back pain radiating to the right leg. The injured worker indicated she had relief with pain medication. The injured worker had decreased range of motion, tenderness to palpation and muscle spasms of the lumbar paravertebral muscles. The Kemp's test, Milgram's test, and Braggard's test caused pain. The injured worker had halted acupuncture therapy as she could not be in a prone position; however, the injured worker indicated she felt better and would like to try acupuncture 1 time a week for 6 weeks. Additional requests included a heating cooling portable unit for home use for neuropathic pain and shockwave therapy for the lumbar spine 1 x Wk x 6 Wks as well as trigger point injection x2 to the paralumbar muscles and Toradol 60 mg IM injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine acupuncture, infared and capsaicin patch 1 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Topical Capsaicin Page(s): 111, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Infrared.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. While it was documented the injured worker could not tolerate prior acupuncture, there was a lack of documentation of exceptional factors to support additional acupuncture treatment. The guidelines do not specifically address infrared therapy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that infrared therapy is not recommended above other heat therapies. There was a lack of documentation of exceptional factors. As such, infrared therapy would not be supported. The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request for capsaicin failed to indicate the body part to be treated and the frequency. Given the above, the request for lumbar spine acupuncture, infrared and capsaicin patch 1 x 6 is not medically necessary.

Lumbar spine extracorporeal shockwave therapy 1 times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shock wave therapy.

Decision rationale: The Official Disability Guidelines do not recommend extracorporeal shockwave therapy for the lumbar spine. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Lumbar spine extracorporeal shockwave therapy 1 times 6 is not medically necessary.

Purchase of hot/cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that at home local applications of cold are appropriate in the first few days of acute complaint and thereafter applications of heat or cold as tolerated. There was a lack of documentation indicating a necessity for a purchase of a hot and cold unit versus the utilization of hot and cold packs at home. Given the above, the request for purchase of hot/cold unit is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 11/21/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation submitted for review indicated based on the autonomic nervous system examination, the injured worker was to be sent to internal medicine. However, there was a lack of documentation of the results of the specific autonomic nervous system examination. There was a lack of documentation of exceptional factors to warrant the necessity for an internal medicine consultation. Given the above, the request for internal medicine consultation is not medically necessary.

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 11/21/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation indicated the injured worker had developed sleep disturbances and peer reviewed literature indicate that pain or emotional stress can cause or contribute to sleep disturbances. However, there was a lack of documentation indicating specific complaints per the injured worker. The duration of difficulty was not provided. There was a lack of documentation indicating the injured worker had utilized pharmacologic and non-pharmacologic treatments and had failed. Given the above, the request for sleep study consultation is not medically necessary.

Spinal surgical initial consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 11/21/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic

evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There was a lack of documentation indicating MRI or radiologic findings to support the necessity for a spinal surgical initial consultation. There was a lack of documentation of myotomal or dermatomal findings. Additionally, there was a lack of documentation of a failure of conservative care. There were no MRI studies or electrodiagnostic studies submitted for review to support the necessity for a consultation. Given the above, the request for spinal surgical initial consultation is not medically necessary.