

Case Number:	CM15-0053550		
Date Assigned:	03/27/2015	Date of Injury:	10/24/2007
Decision Date:	05/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/20/2015

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 41-year-old female who reported an injury on 10/24/2007. The mechanism of injury involved repetitive activity. The current diagnoses include cervical degeneration, cervical spine herniated nucleus pulposus, herniated lumbar disc, cervical spine dysfunction, cervical spine pain, intervertebral degeneration, lumbar spine dysfunction and lumbar pain. The latest physician progress report submitted for this review is documented on 07/22/2014. The injured worker presented for a follow-up evaluation. Upon examination there was moderate tenderness in the bilateral cervical paraspinals, trapezius, shoulder and scapular regions. Cervical range of motion was 75% of normal on flexion, 50% of normal on extension and 75% of normal on rotation. Spurling's maneuver was positive. The injured worker had normal motor strength in all muscle groups of the upper extremities with decreased sensation over the dorsal left hand and within the first 4 fingers. There were also positive Phalen's and Tinel's signs on the right, with tenderness over the left lateral epicondyle. Mild swelling of the dorsal left hand with skin discoloration was also noted. Recommendations at that time included a left C5 and C6 transforaminal epidural injection. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit to treat cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no evidence that other appropriate pain modalities had been tried and failed including medication. There was no documentation of chronic intractable pain. In addition, there was no evidence of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.

Acupuncture x 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture medical treatment guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture exceeds guideline recommendations. There is no documentation of significant functional improvement following the initial course of acupuncture to support the necessity for an additional 8 sessions. The request as submitted also failed to indicate a specific body part to be treated. Given the above, the request is not medically appropriate.

Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There is no documentation of a failure of nonopioid analgesics. There was no evidence of a written consent or agreement for chronic use of an opioid. The current request

fails to indicate the strength and frequency of the medication. Given the above, the request is not medically appropriate.

Soma #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines would not support long term use of this medication. There is also no strength or frequency listed in the request. As such, the request is not medically appropriate.

Polar frost gel #1: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of a topical product. In addition, there was no frequency listed in the request. As such, the request is not medically appropriate.