MAXIMUS Federal Services

Case Number:	CM15-0064958		
Date Assigned:	04/21/2015	Date of Injury:	08/31/2013
Decision Date:	09/16/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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, Arizona
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 61 year old female who sustained an industrial injury on 8/31/13. The injured worker reported symptoms in the spine. The injured worker was diagnosed as having cervical muscle spasm, cervical sprain/strain, right shoulder sprain/strain and left shoulder sprain/strain. Treatments to date have included acupuncture treatment, topical creams, physical therapy, acupuncture treatment, non-steroidal anti-inflammatory drugs, and muscle relaxants. Currently, the injured worker complains of cervical spine discomfort. The plan of care was for acupuncture treatment, chiropractic treatments, consultations, urine toxicology screening, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Orthopedic Surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Referral.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. There is no mention that surgery is being considered for this injured worker, or a clear rationale for referral to see an Orthopedist. Without this information, this request cannot be considered medically necessary or appropriate.

Consult with Pain Management: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. This individual is 61 years old with chronic pain, and this chronic pain is ongoing despite numerous past treatments. A Pain consultation would be considered appropriate to optimize her pain medication regimen, and to guide future treatments. As such, this request is medically necessary.

Acupuncture 1 x 6 to Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame to produce functional improvement is 3-6 sessions. Within the submitted documentation, there is no mention of intolerance to medications, nor was there mention of how many past sessions of acupuncture the worker has completed. As such, this request cannot be considered medically necessary at this time.

Chiropractic Treatment 1 x 6 to Cervical: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy / Manipulation Page(s): 58-59.

Decision rationale: California MTUS Guidelines recommend up to 18 visits of chiropractic therapy with evidence of objective functional improvement. There is no mention of previous chiropractic sessions for this injured worker. An initial trial of 6 visits would be considered medically necessary to treat her sprain/strain condition of the cervical spine. As such, this request is medically necessary.

ESWT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Shockwave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / ESWT.

Decision rationale: Per guideline criteria, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. The ODG note that extracorporeal shock wave therapy is recommended for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. There is no mention of calcific tendinitis within the submitted documentation. Necessity has not been established. As such, this request is not medically necessary.

VSNCT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Quantitative sensory threshold (QST) testing, Current Perception threshold (CPT) Testing; Neck Chapter, Current Perception threshold (CPT) Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back / CPT testing.

Decision rationale: Voltage-actuated sensory nerve conduction threshold (VSNCT) is not medically necessary per the ODG Guidelines. The CA MTUS Chronic Pain and CA MTUS ACOEM do not address the request for voltage actuated sensory nerve conduction testing. The guidelines state that this is different and distinct from assessment of nerve conduction velocity, amplitude, and latency. It is also different from short-latency somatosensory evoked potentials. CMS concludes that the use of any type of VSNCT device, to diagnose sensory neuropathies or radiculopathies is not reasonable or necessary. Per ODG guidelines, there are no clinical studies

demonstrating that quantitative tests of sensation improve the management and clinical outcomes of a patient over standard qualitative methods of sensory testing. There is no extenuating circumstance mentioned in the documentation that would warrant non-adherence to guidelines. This request is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk for addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening Section, 2009 Guidelines.

Decision rationale: According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no mention that this injured worker is at high risk of abuse for pain medications. A urine screen is not medically necessary at this time.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity evaluations (FCE) when re-assessing function and functional recovery. The ODG do not recommend proceeding with an FCE if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. There should be mention of a previous failure to return to work, or documentation of conflicting medical reporting on precautions and/or fitness for modified duty work. There is no clear rationale within the submitted documentation to support an FCE at this time. Therefore, this request is not medically necessary at this time.

Cervical Traction System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Traction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back / Traction.

Decision rationale: Per ODG, Cervical traction can be considered in those with radicular symptoms, in conjunction with a home exercise program. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderate (Grade 3) cervical spinal syndromes with radiculopathy. There is a lack of documentation to support the need for traction at this time. Injured worker does not have significant radiculopathy noted within the submitted documentation. As such, this request is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: 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.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. There is lack of supportive documentation to include a clear rationale for topical analgesia. No mention of intolerance to oral agents. There is also documentation of failure to first line treatments for chronic pain. As such, this request is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: 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.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. There is lack of supportive documentation to include a clear rationale for topical analgesia. No mention of intolerance to oral agents. There is also documentation of failure to first line treatments for chronic pain. As such, this request is not medically necessary.

Physiotherapy 1 x 6 to Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. It is unknown how many previous sessions of PT this injured worker has received. As such, this request at this time cannot be supported and is not medically necessary.