

<b>Case Number:</b>	CM15-0068277		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 45 year old female, who sustained an industrial injury on 10/26/2013. She has reported subsequent neck and back pain and was diagnosed with acute cervical and lumbar strain. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 02/03/2015, the injured worker complained of neck, low back and left shoulder pain that was rated as 4/10. Objective findings were notable for tenderness of the paracervical musculature, muscle spasm of the paracervical musculature and reduced range of motion of the cervical spine. A request for authorization of Soma, physical therapy and acupuncture of the cervical spine, psychotherapy and C7-T1 cervical epidural steroid injections was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA CARISOPRODOL 350MG #30 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, for pain Page(s): 63-66.

**Decision rationale:** This patient presents with neck, low back and left shoulder pain that was rated as 4/10. The current request is for Soma Carisoprodol 350mg #30 With 1 Refill. The Request for Authorization is not provided in the medical file. Treatment to date has included shoulder surgery, oral pain medication and physical therapy. The patient is TTD. The MTUS Guidelines page 63-66 states, muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The patient is status post left shoulder arthroscopy on 09/09/14. According to progress report 03/17/15, the patient presents with cervical radicular pain with intermittent sharp pain radiating into her left arm with numbness and tingling. Pain is made better with Soma and physical therapy. The patient also has comorbidities of anxiety and depression. This patient has been prescribed Soma since 01/06/15. Although the treater has documented that Soma provides relief, the MTUS Guidelines supports the use of Soma for short course of therapy, not longer than 2 to 3 weeks. This request is not medically necessary.

**PHYSICAL THERAPY 2-3 TIMES PER WEEK FOR 6 WEEKS FOR CERVICAL SPINE:** 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:** This patient presents with neck, low back and left shoulder pain that was rated as 4/10. The current request is for Physical Therapy 2-3 Times per Week for 6 Weeks for Cervical Spine. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication and physical therapy. The patient is TTD. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient is status post left shoulder arthroscopy on 09/09/14. According to progress report 03/17/15, the patient presents with cervical radicular pain with intermittent sharp pain radiating into her left arm with numbness and tingling. Pain is made better with Soma and physical therapy. The patient also has comorbidities of anxiety and depression. Review of the medical file indicates that the patient participated in 17 post op PT following the 2014 left shoulder surgery. There is no documentation of physical therapy directed to the cervical spine. Given the patient's complaints of pain and objective findings a course of 9-10 sessions is appropriate. However, the requested 12-18 sessions exceeds what is recommended by MTUS. This request is not medically necessary.

**ACUPUNCTURE 2-3 TIMES PER WEEK FOR 6 WEEKS FOR CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** This patient presents with neck, low back and left shoulder pain that was rated as 4/10. The current request is for Acupuncture 2-3 Times Per Week For 6 Weeks For Cervical Spine. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication and physical therapy. The patient is TTD. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient is status post left shoulder arthroscopy on 09/09/14. According to progress, report 03/17/15, the patient presents with cervical radicular pain with intermittent sharp pain radiating into her left arm with numbness and tingling. Pain is made better with Soma and physical therapy. The patient also has comorbidities of anxiety and depression. Progress reports do not document prior acupuncture for this patient. While the patient may benefit from this treatment, MTUS recommends a 3 to 6 treatment trial and documentation of its impact on pain and function before further treatment. The current request for 12-18 treatments exceeds what is recommended by MTUS. The request is not medically necessary.

**PSYCHOTHERAPY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines Pain Chronic chapter, under Psychological treatment.

**Decision rationale:** This patient presents with neck, low back and left shoulder pain that was rated as 4/10. The current request is for Psychotherapy. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication and physical therapy. The patient is TTD. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." ODG, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks -individual sessions-, if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The patient is status post left shoulder arthroscopy on 09/09/14. According to progress report 03/17/15, the patient presents with cervical radicular pain with intermittent sharp pain radiating into her left arm with numbness and tingling. Pain is made better with Soma and physical therapy. The patient also has comorbidities of anxiety and depression. The treater states that she has shown some improvement in her anxiety and depression with cognitive behavioral therapy and recommends that the patient continue therapy once weekly for another 8 weeks. The patient has

participated in 6 sessions thus far, out of the 20 sessions that were authorized. In this case, the patient is suffering from depression and sessions of psychotherapy have been helpful. But the patient still has sessions remaining and additional sessions should be considered after the entire course of therapy have been tried. The current request is not medically necessary.

**C7-T1 CERVICAL EPIDURAL STEROID INJECTIONS INTRALAMINAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with neck, low back and left shoulder pain that was rated as 4/10. The current request is for C7-T1 Cervical Epidural Steroid Injections Intralaminar. The Request for Authorization is not provided in the medical file. Treatment to date has included oral pain medication and physical therapy. The patient is TTD. The MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. According to progress, report 03/17/15, the patient presents with cervical radicular pain with intermittent sharp pain radiating into her left arm with numbness and tingling. Recommendation was made for a CESI. AME report dated 03/04/15 reviewed an MRI of the c-spine, which revealed small disc bulges from C3-6. An EMG study was performed on 06/24/15, which was negative. In this case, there is minimal disc bulge at this level without significant central canal stenosis or neural foraminal narrowing. MTUS requires evidence of radiculopathy during physical examination and corroborating imaging studies when considering an ESI. Furthermore, MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." This request is not medically necessary