MAXIMUS Federal Services

Case Number:	CM14-0146553		
Date Assigned:	09/15/2014	Date of Injury:	11/18/2013
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39 year old male who sustained an industrial injury on 11/18/2013. He sustained injuries to the back and head laceration from a fall. According to PR-2 dated 6/26/2014, the patient complains of 7/10 cervical and left shoulder pain, and 6/10 lumbar pain. He indicates neck pain is constant and radiations to bilateral shoulders. Pain increases with head turn and decreases with medications, cream, gels, physical therapy, acupuncture, and patches. Objective examination documents 118/65 BP, pulse 69, WT 164, decreased cervical ROM 2+ TTP, 1+ paraspinal spasm, + compression and distraction, no crepitus and right/left 24/22 good. He is diagnosed with sprain of shoulder/arm, neck, and lumbar. The patient was dispensed Menthoderm gel, Cyclobenzaprine #90, and Omeprazole #30. The patient remains off work. According to the PR-2 dated 8/22/2014, the patient complains of 7/10 cervical, lumbar, left shoulder and left jaw pain. Shoulder pain radiates to the jaw. He indicates having stomach pain when taking pain medication. Objective examination documents 127/80 BP, pulse 72, WT 162, tender cervical and lumbar at spinous process and paraspinal regions and right/left 18/18 fair. The diagnoses are cervical and lumbar S/S discogenic pain, left shoulder pain tendinosis, and headache. The patient remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Elect Acupuncture 15 min and Capsaicin, 2-3 times per week for 4 weeks, to the shoulder/arm/neck/lumbar region: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Capsaicin.

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

Decision rationale: According to the Acupuncture Guidelines, frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.According to the guidelines, Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish he is intolerant to standard oral therapies. Furthermore, although the patient claims having had some benefit with acupuncture, there is no objective evidence of functional improvement. It is not documented how many sessions of acupuncture the patient has received to date. The guidelines support a limited duration of treatment, and without clear evidence of objective functional improvement, additional sessions are not supported. The medical records do not establish that the criteria for additional acupuncture have been met. Therefore, this request is not medically necessary.

Initial high complexity (neck/lumbar region): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 79.

Decision rationale: The California MTUS ACOEM guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The medical records do not establish that a neurosurgical consultation is medically necessary. Therefore, this accompanying request is also not medically necessary.

Neurosurgeon consult (neck/lumbar): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and consultations, page 503 & Neck and Upper Back Complaints page(s) 171, 179-180

Decision rationale: According to the ACOEM Guidelines, a referral for surgical consultation is indicated for patients who have:- Persistent, severe, and disabling shoulder or arm symptoms- Activity limitation for more than one month or with extreme progression of symptoms- Clear

clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term- Unresolved radicular symptoms after receiving conservative treatmentThe California MTUS ACOEM guidelines states that the consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.The California MTUS ACOEM guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The physical examination does not reveal the presence of any neurological deficits on a physical examination, which would raise concern for nerve root compromise affecting the cervical or lumbar spine. In addition, the medical records do not establish the patient has a surgical lesion revealed on an imaging study. Consequently, the medical necessity of a neurosurgeon consult has not been established.

NM treatment and NM diagnostic procedure, once a week for 4 weeks (neck/lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: According to the California MTUS, Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. It does not appear that this patient is an appropriate candidate for this form of therapy. The medical necessity of this request is not established.

Urine Drug Screen (UDS), Meds, Chromatography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen and Medications for subacute and chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, indicators for addiction Page(s): 43; 87-91.

Decision rationale: According to the California MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physician has not has not documented any aberrant or suspicions drug seeking behavior. Furthermore, the medical records do not indicate that the patient's medication regimen includes opioids. The medical necessity of this request is not established.

Functional Capacity Evaluation (FCE): 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21; 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: The California MTUS ACOEM states "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." Official Disability Guidelines Functional Capacity Evaluation - Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The purpose and medical necessity of an FCE is not clear in this case. The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or indicate he has injuries that require detailed exploration of her abilities. The medical records do not reflect that this patient is considered at/near MMI at this time and there is no evidence to support that the patient is a viable candidate for a work hardening program. The medical necessity of an FCE has not been established.