

Case Number:	CM14-0086461		
Date Assigned:	08/08/2014	Date of Injury:	07/10/2011
Decision Date:	12/30/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, 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:

According to the records made available for review, this is a 55-year-old female with a 7/10/11 date of injury. At the time (3/26/14) of the request for authorization for Trigger Point Impedance Imaging, Localized intense Neurostimulation Therapy; DNA Testing; Toxicology Testing; MRI/X-ray & L-Spine; Capsaicin 0.025% Flurbiprofen 15%, Menthol 2%, Camphor 2%# x 240; Cyclobenzaprine 2%, Flurbiprofen x240; NCV L-Spine; EMG L-Spine; Physio 12 Visits; and Acupuncture 6 visits, there is documentation of subjective (frequent moderate dull, sharp upper/mid back and lower back pain; patient suffers from depression and anxiety) and objective (+3 tenderness to palpation of the thoracic paravertebral muscles, muscle spasm of the thoracic paravertebral muscles, decreased lumbar spine range of motion, +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, and positive Kemp's) findings, current diagnoses (thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression), and treatment to date (medication and chiropractic treatment). Regarding toxicology testing, there is no documentation of abuse, addiction, or poor pain control in a patient under ongoing opioid treatment. Regarding MRI/X-ray & L-Spine, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated. Regarding Capsaicin 0.025% Flurbiprofen 15%, Menthol 2%, Camphor 2%# x 240, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. Regarding NCV L-Spine and EMG L-Spine, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Regarding Physio 12 Visits and Acupuncture 6 visits, it is not clear if this is a request for initial or additional (where physical therapy and acupuncture provided to date may have already exceeded guidelines regarding frequency) physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging, Localized intense Neurostimulation Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pibmed/23935705>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Trigger point impedance imaging, Hyperstimulation analgesia.

Decision rationale: Regarding Trigger Point Impedance Imaging, MTUS does not address this issue. ODG states that trigger point impedance imaging and Hyperstimulation analgesia is not recommended. Regarding Localized Intense Neurostimulation Therapy, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Impedance Imaging, Localized intense Neurostimulation Therapy is not medically necessary.

DNA Testing; Toxicology Testing: 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) Urine Drug screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse

Decision rationale: Regarding DNA testing, MTUS does not specifically address this issue. ODG identifies genetic testing for potential opioid abuse is not recommended. Regarding toxicology testing, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression. However, there is no documentation of abuse, addiction, or poor pain control in a patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for DNA Testing; Toxicology Testing is not medically necessary.

MRI/Xray & L-Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging) and Radiography (x-rays)

Decision rationale: Regarding MRI, MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Regarding x-rays, MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of thoracic spine trauma, severe trauma, pain, no neurological deficit or neurological deficit; lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion, as criteria necessary to support the medical necessity of lumbar x-rays. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy). In addition, there is no documentation of thoracic spine trauma, severe trauma, pain, no neurological deficit or neurological deficit; lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion. Therefore, based on guidelines and a review of the evidence, the request for MRI/X-ray & L-Spine is not medically necessary.

Capsaicin 0.025% Flurbiprofen 15%, Menthol 2%, Camphor 2%# x 240; Cyclobenzaprine 2%, Flurbiprofen x 240: 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): 111-113.

Decision rationale: Regarding Capsaicin 0.025% Flurbiprofen 15%, Menthol 2%, Camphor 2%# x 240, and MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding Cyclobenzaprine 2%, Flurbiprofen x240, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression. However, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. In addition, the requested Cyclobenzaprine 2%, Flurbiprofen x240 contains at least one drug class (muscle relaxants (cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 0.025% Flurbiprofen 15%, Menthol 2%, Camphor 2%# x 240; Cyclobenzaprine 2%, Flurbiprofen x 240 is not medically necessary.

NCV L-Spine: 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) Low Back

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression. However, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for NCV L-Spine is not medically necessary.

EMG L-Spine: 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) Low Back

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression. However, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for EMG L-Spine is not medically necessary.

Physio 12 Visits: 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 physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical therapy, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar spine strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression. However, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding frequency) physical

therapy. Therefore, based on guidelines and a review of the evidence, the request for Physio 12 visits is not medically necessary.

Acupuncture 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar sprain/strain, anxiety, and depression. However, it is not clear if this is a request for initial or additional (where acupuncture provided to date may have already exceeded guidelines regarding frequency) acupuncture. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 6 visits is not medically necessary.