MAXIMUS Federal Services

Case Number:	CM14-0216306		
Date Assigned:	01/06/2015	Date of Injury:	08/01/2002
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 63 year old female who sustained multiple orthopedic work related injuries on August 1, 2002 to her neck, low back, shoulder, elbow, wrists, and hands on a continued basis while doing her customary duties as a marketing director which required sitting primarily and multiple tasks like typing and telephone calls at what the patient describes as a poorly designed work station. The injured worker underwent multiple surgical interventions including a laminotomy, facetectomy and foraminotomy of L5 in 2006, lumbar fusion L4-5 and L5-S1 in August 2008, cervical foraminotomy in April 2008, right shoulder arthroscopic subacromial decompression and rotator cuff debridement, left and right carpal tunnel surgery and ulnar nerve transposition. The injured worker is diagnosed with multilevel cervical and lumbar degenerative disc disease, thoracic outlet syndrome, bilateral carpal and cubital tunnel syndrome, bilateral lateral epicondylitis, fibromyalgia and chronic migraines. Botox injections for thoracic outlet syndrome, multiple cortisone injections to different areas of the body, nerve blocks, bilateral C4-6 median nerve rhizotomies, platelet rich plasma injection to the left elbow acupuncture therapy, physical therapy, transcutaneous electrical nerve stimulation (TEN's) and pain management with opioids, anti-inflammatory, anti-epilepsy drugs (AEDs), triptans and benzodiazepines. The patient continues to experience chronic neck, thoracic outlet and low back pain. The injured worker is temporary total disability (TTD) and has not worked since the date of injury. The physician requested authorization for an unknown evaluation and treatment of thoracic outlet; 1 injection of the right shoulder subacromial space with 6 units of Kenalog and 3 cc of 0.5% Marcaine under ultrasound guided needle placement; 1 Referral to back specialist; unknown

platelet rich plasma injections to the left elbow (unknown quantity).On December 16, 2014 the Utilization Review denied certifications for unknown platelet rich plasma injections to the left elbow (unknown quantity), 1 injection of the right shoulder subacromial space with 6 units of Kenalog and 3 cc of 0.5% Marcaine under ultrasound guided needle placement, and 1 referral to back specialist. The request for unknown evaluation and treatment of thoracic outlet was modified to 1 consultation/evaluation for the thoracic outlet syndrome.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), Shoulder Chapter and Neck and Upper Back Complaints, the Official Disability Guidelines (ODG) and alternative guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Evaluation And Treatment Of Thoracic Outlet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-201. Decision based on Non-MTUS Citation ODG, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Pain

Decision rationale: Unknown Evaluation And Treatment Of Thoracic Outlet is not medically necessary per the MTUS and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request specifies treatment for thoracic outlet which may or may not be medically necessary depending on the evaluation and recommendations of the physician, therefore this request is not considereted medically necessary.

Unknown Platelet Rich Plasma Injections To The Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196 & 201.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow (Acute and Chronic)

Decision rationale: Unknown Platelet Rich Plasma Injections To The Left Elbow are not medically necessary per the ODG Guideilnes. The MTUS does not specifically address this request. The ODG states that these injections are recommend as a single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research. The request implies for more than one injection to the elbow which is against guidleline recommendations and therefore not medically necessary.

1 Referral to back specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 166, 171, 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Pain

Decision rationale: 1 Referral to back specialist is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the rationale for requiring a referral to a back specialist. It is unclear whether this is for a spine surgeon or an interventional spine non surgeon physician referral. For these reasons the request for 1 referral tp a back specialist is not medically necessary.

1 injection of the right shoulder subacromial space with 6 units of Kenalog and 3 cc of 0.5% Marcaine under ultrasound guided needle placement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ODG, Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 1 Prevention Page(s): 1.

Decision rationale: 1 injection of the right shoulder subacromial space with 6 units of Kenalog and 3 cc of 0.5% Marcaine under ultrasound guided needle placement is not medically necessary per the MTUS Guidelines. The guidelines states if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be

indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal antiinflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The documentation indicates that the patient has had prior right shoulder injections, however there is no evidence of benefit from these injections therefore the request for 1 injection of the right shoulder subacromial space with 6 units of Kenalog and 3 cc of 0.5% Marcaine under ultrasound guided needle placement is not medically necessary.