

<b>Case Number:</b>	CM14-0055115		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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 injured worker is a 70 year-old female with a date of injury of February 22, 2013. The patient's industrially related diagnoses include bilateral knee sprain, lumbosacral strain, neck strain, bilateral shoulder strain, bilateral knee contusion, cracked tooth, contusion of the lip and head, and s/p blunt trauma to the right eye. The injured worker has completed 16 sessions of physical therapy, 12 sessions of acupuncture, and dental treatment. The injured worker had an MRI of the C/S and MRI of the L/S along with ortho consultation. MRI of the right shoulder on 12/17/2013 showed acromioclavicular OA, subacromial/subdeltoid bursitis, joint effusion, bicipital tenosynovitis, complete tear of the supraspinatus tendon with 5 mm tendinous retraction, and infraspinatus tendinitis. MRI of the left shoulder noted a complete tear of the supraspinatus tendon with 9 mm tendinous retraction. The injured worker had bilateral knee MRI on 1/4/2014 and bilateral wrist MRI on 11/21/2013. The disputed issues are additional acupuncture 2x4 bilateral shoulders, Omeprazole 20mg, neurology evaluation, trigger point impedance imaging 1x 6-12 weeks, and Localized Intense Neurostimulation Therapy (LINT) 1x 6-12 weeks for thoracic and lumbar spine. A utilization review determination on 3/28/2014 had non-certified these requests. The stated rationale for the denial of additional acupuncture was: "There is no indication that acupuncture has provided any sustained objective functional benefit. Acupuncture documentation submitted only indicates subjective improvement. Absent that, MTUS guidelines do not support the medical necessity for additional acupuncture." The stated rationale for the denial of Omeprazole was: "There is no mention of prescription of any NSAIDs. There is no mention of upper gastrointestinal symptoms, objective findings or diagnoses. Medical necessity for this medication is not supported by documentation." The stated rationale for the denial of neurology evaluation was: "There is no documentation of any focal neurological deficits in the upper or lower extremities. There is no documentation of any central nervous

system abnormalities. Absent any abnormal neurological findings, there is no support for the medical necessity for a neurology evaluation." The stated rationale for the denial of trigger point impedance imaging was: "Tender and trigger points are primarily diagnosed via clinical exam with palpation. The use of specialized equipment for visualization is not supported by evidence based guidelines including ACOEM and ODG. Therefore, the medical necessity for trigger point impedance imaging is not recommended and is not approved." Lastly, the stated rationale for the denial of Localized Intense Neurostimulation Therapy was: "There is no documentation of benefit from prior electrostimulation treatment (including TENS) in the setting of formal physical therapy. There is no documentation with compliance with home exercise plan. CA MTUS and ODG guidelines do not support electrostimulation treatment for the above diagnoses, or in the absence of an active exercise program including return to work. CA MTUS and ODG guidelines do not support treatment with proprietary electrostimulation device or wave form device. Therefore the request is not supported as medically necessary and is not approved."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Acupuncture 2x4 bilateral shoulders:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for additional acupuncture 2x4 to bilateral shoulders, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation that the injured worker completed 12 sessions of acupuncture at the time of the request. In an acupuncture progress note dated 3/11/2014, the injured worker reported improvement in activities of daily living such as household chores and personal hygiene, improvement in pain, and improvement in functional capacity in terms of overall strength and range of motion. The injured worker reported overall improvement of 10%. Based on this documentation of functional improvement with acupuncture, the request for additional acupuncture 2x4 to bilateral shoulders is medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation  
<http://reference.medscape.com/drug/prilosec-omeprazole-341997>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. The treating physician prescribed Omeprazole to protect the stomach but did not prescribe an NSAID. While the injured worker is considered at intermediate risk for gastrointestinal events because of her age (>65 years old), there is no indication for a PPI without concurrent use of an NSAID and there was no evidence that the injured worker was taking an NSAID. In light of the above issues, the currently requested Omeprazole 20mg is not medically necessary.

**Neurology Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**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) Occupational Medicine Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Regarding the request for referral to neurologist for consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation submitted for review, the treating physician documented that the injured worker had subjective complaints of constant radiculopathy in the feet with numbness, tingling, and burning. The treating physician ordered an EMG/NCV and referred the injured worker to the neurologist for further evaluation. In light of this documentation, specialty consultation with a neurologist is recommended to aid in the diagnosis, prognosis, and therapeutic management of the injured worker. Based on the guidelines, the requested neurology referral is medically necessary.

**Trigger point impedance imaging 1 x 6-12 weeks:** 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 Page(s): 122.

**Decision rationale:** Regarding the request for trigger point impedance imaging 1x 6-12 weeks, California MTUS and ODG do not address the issue. A search of National Library of Medicine,

National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the evaluation/management of the cited injuries. Trigger points are diagnosed clinically and should not require advanced imaging techniques for diagnosis. Within the documentation available for review, no documentation was provided identifying how this request would provide improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there was no documentation identifying the medical necessity of this request. In the absence of such documentation, the requested trigger point impedance imaging 1 x 6-12 weeks is not medically necessary.

**Localized intense Neurostimulation Therapy 1 x 6-12 weeks for thoracic and lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ([http://www.odg-twc.com/odgtec/low\\_back.htm](http://www.odg-twc.com/odgtec/low_back.htm))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117, 122.

**Decision rationale:** California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Within the documentation available for review, LINT once a week for 6-12 weeks was requested for the thoracic and lumbar spine, but there was no documentation identifying that this treatment provides improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested LINT 1 x 6-12 weeks is not medically necessary.