

Case Number:	CM15-0004813		
Date Assigned:	01/16/2015	Date of Injury:	06/02/2012
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 43 year old female who sustained a work related injury on June 2, 2012. Her industrial injury, related to repetitive activities, was to her neck and left upper extremity but no injury to the back area. Diagnoses included cervical strain/radiculopathy, trapezoidal/cervical strain and left forearm tendonitis. Treatment included acupuncture, physical therapy, home therapy, modalities and pain medications. She continued to complain of back pain, and neck pain which radiated into the left arm with numbness of the hand. On September 19, 2013, Magnetic Resonance Imaging (MRI) revealed a cervical muscular spasm, spondylosis, degenerative changes and cervical disc protrusions. Electromyogram studies were performed on January 9, 2014 which was abnormal. Currently, the injured worker complains of neck pain with radiation, numbness, tingling and weakness in the left upper extremity, pain in the left shoulder and lower back pain radiating into the lower extremities. On December 10, 2014, Utilization Review non-certified the request for Acupuncture, Compound Cream medication CM3-Ketoprofen 20% and an open Magnetic Resonance Imaging (MRI) of the cervical spine, noting California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Acupuncture

Decision rationale: Pursuant to the Acupuncture Treatment Guidelines and the Official Disability Guidelines, acupuncture is not medically necessary. Acupuncture is recommended as a treatment option depending upon the body part to be treated. Acupuncture uses a short course in conjunction with other interventions. The Official Disability Guidelines acupuncture guidelines recommend an initial trial of 3 to 4 visits over two weeks; with evidence of reduced pain, medication use and objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course therapy. In this case, the injured worker's working diagnoses are cervical HNP; cervical radiculopathy; rule out thoracic and lumbar HNP; rule out lumbar radiculopathy; and degeneration of the lumbar spine. Subjectively, the injured worker has neck pain/10 with radiation. Pain is associated with numbness, tingling weakness of the left upper extremity. Low back pain is rated 5 - 6/10 with numbness, tingling and weakness to the bilateral lower extremities. The most notable complaint is the left shoulder. Objectively, there is tenderness palpation to the cervical, thoracic and lumbar spine with limited range of motion of the cervical and lumbar spine due to pain. Straight leg raising is positive. Sensations decreased throughout the bilateral upper and lower extremities. The documentation does not contain evidence of prior acupuncture treatments. However, a review of the utilization review documentation indicates the injured worker underwent a course of acupuncture. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With evidence of reduced pain, medication use and objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course therapy. The request for authorization does not indicate the frequency and duration of requested acupuncture. In the alternative, if the injured worker had a course of acupuncture, the evidence is inconclusive for repeating the procedure beyond the initial short course. Consequently, in either case, absent clinical documentation to support additional acupuncture and or an initial course of acupuncture, acupuncture is not medically necessary.

Compound cream medication CM3-Ketoprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound cream CM3-ketoprofen 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or

safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is the only available FDA approved topical nonsteroidal anti-inflammatory drug. Ketoprofen is not FDA approved. In this case, the injured worker's working diagnoses are cervical HNP; cervical radiculopathy; rule out thoracic and lumbar HNP; rule out lumbar radiculopathy; and degeneration of the lumbar spine. Subjectively, the injured worker has neck pain/10 with radiation. Pain is associated with numbness, tingling weakness of the left upper extremity. Low back pain is rated 5 - 6/10 with numbness, tingling and weakness to the bilateral lower extremities. The most notable complaint is the left shoulder. Objectively, there is tenderness palpation to the cervical, thoracic and lumbar spine with limited range of motion of the cervical and lumbar spine due to pain. Straight leg raising is positive. Sensations decreased throughout the bilateral upper and lower extremities. Any compounded product that contains at least one drug (topical ketoprofen-not FDA approved) that is not recommended is not recommended. Consequently, CM3-ketoprofen 20% topical is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, CM3-ketoprofen 20% topical is not medically necessary. Consequently, absent clinical documentation with guideline support, CM3-ketoprofen 20% compound cream is not medically necessary.

Open MRI Cervical Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, open MRI cervical spine is not medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and have no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by CAT scan. Indications for imaging include, but are not limited to, chronic neck pain (after three months of conservative treatment), radiographs normal, neurologic signs or symptoms present; neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are cervical HNP; cervical radiculopathy; rule out thoracic and lumbar HNP; rule out lumbar radiculopathy; and degeneration of the lumbar spine. Subjectively, the injured worker has neck pain/10 with radiation. Pain is associated with numbness, tingling weakness of the left upper extremity. Low back pain is rated 5 - 6/10 with numbness, tingling and weakness to the bilateral lower extremities. The most notable complaint is the left shoulder. Objectively, there is tenderness palpation to the cervical, thoracic and lumbar spine with limited range of motion of the cervical and lumbar spine due to pain. Straight leg raising is positive. Sensations decreased throughout the bilateral upper and lower extremities. The documentation shows the injured

worker had an MRI of the cervical spine on September 19, 2013. The impression was cervical muscle spasms; mild spondylosis C5 - C6. At C4 - C5 and C5 - C6 and C6 - C7 there are two or 3 mm posterior disc protrusions that indent and impinge on the anterior thecal sac and about the anterior cervical cord. The documentation does not contain evidence of a significant change in symptoms and signs that warrant a repeat MRI. Additionally, there is no documentation indicating an open MRI is acquired. Consequently, absent clinical documentation to support a cervical (repeat) MRI, open MRI cervical spine is not medically necessary.