

Case Number:	CM15-0011740		
Date Assigned:	01/29/2015	Date of Injury:	05/03/2007
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on May 3, 2007. She has reported landing on her chin after falling over a chair. The diagnoses have included cervicgia and right radiculopathy. Treatment to date has included surgery, diagnostic studies, TENS unit, injections, acupuncture, physical therapy and medications. Currently, the injured worker complains of a crawling sensation in her neck and increased burning in her left hand and left palm. She reported to be in pain a lot of the time. She feels as if her neck is being pulled forwards with tightness between her shoulder blades. She has pain in a focal spot at the base of her neck. On December 17, 2014, Utilization Review non-certified 6 sessions of craniosacral therapy, one Botox injection, 12 sessions of acupuncture, one TENS unit supplies/pads/batteries and one prescription of topical pain cream, noting the Non-MTUS, ACOEM, California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. On January 20, 2015, the injured worker submitted an application for Independent Medical Review for review of 6 sessions of craniosacral therapy, one Botox injection, 12 sessions of acupuncture, one TENS unit supplies/pads/batteries and one prescription of topical pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of craniosacral therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Care Association of New Jersey

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Care Association of New Jersey. Pain Management guideline. Hamilton: Health Care Associate of New Jersey; 2006 Jul18. page 23

Decision rationale: MTUS and ODG make no recommendations regarding use of craniosacral therapy. Other guidelines (referenced above) recommend the use of other modalities including craniosacral therapy for treatment of pain. In this case, the patient was suffering from C6 radiculopathy and cervicalgia. The patient had previously had six sessions of craniosacral therapy without relief. Thus continued craniosacral sessions would not be indicated and are not medically appropriate or necessary.

1 Botox injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: Guidelines do not recommend Botox for chronic pain such as chronic neck pain but may be useful in cervical dystonia. In this patient who was suffering from cervicalgia and right radiculopathy, Botox is not warranted as there are no evidence that the patient is suffering from cervical dystonia. Botox injection is not medically necessary or appropriate.

12 Sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture should improve function (improvement in ADLs, reduction in medical dependency or reduction in work restrictions) in 3 to 6 treatments. According to the reports, this patient was certified for 12 visits of acupuncture in prior months. There was no indication that these sessions had been used. Therefore, additional acupuncture sessions were not indicated at this time.

1 TENS Unit supplies pads and batteries: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114.

Decision rationale: TENS units are not recommended as a primary treatment but a one month trial may be appropriate in patients with neuropathic pain when used along with a program for functional restoration. In this case, the patient had not yet started physical therapy and has not trialed a TENS unit or attempted any program for functional restoration. Due to the lack of patient indications and compliance with guideline criteria, the TENS unit, supplies, pads and batteries were not medically necessary and appropriate.

Topical pain cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesia.

Decision rationale: There is little research supporting the use of topical agents. Any compounded product that contains more than one drug that is not recommended is not recommended. In this case, there was not documented contraindication to oral medication, which is preferred over topical agents for the treatment of chronic pain. Given the lack of indications for use, the prescription for topical analgesics is not medically necessary and appropriate.