

Case Number:	CM15-0016304		
Date Assigned:	02/04/2015	Date of Injury:	08/25/2003
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on 8/25/2003, from repetitive tasks while employed as an internal medicine physician. The mechanism of injury was not noted. The diagnoses have included brachial plexus lesions, chronic migraines, pain, nausea, and depression. Treatment to date has included surgical interventions and conservative treatments, including physical therapy, acupuncture, and Botox injections. The handwritten PR2 form, dated 12/01/2014, was mostly illegible, but did note improved pain and function after Botox. Currently, the injured complains of recurring sacrococcygeal pain. Notations for "objective findings" were illegible. The PR2 report, dated 12/21/2014, noted treatment in November due to Serotonin syndrome, now resolved. She reported electric-like brain shocks daily, but they were much less frequent and intense. She was able to keep food and liquids down, was able to think more clearly, and experienced less tachycardia. She reported more neuropathic pain and worse mood. Overall pain ranged from 4-8/10, and was at the higher end with migraines, sitting, and activity. Pain was improved with rest/lying down, acupuncture, medications, and laser light therapy. Her heart rate was 116 at rest while sitting, 124 while standing, and 144 while standing during the exam. Provocative testing for thoracic outlet syndrome included positive bilateral retroclavicular Spurling test, positive bilateral Halstead maneuver, and Wright's hyperabduction test showed pulse loss at 80 degrees on the right and 40 degrees on the left. The right elbow Tinel's test was positive. The coccyx and sacroiliac joints were tender, left greater than right. Current medications included Oxycodone extended release, Oxycodone, Zofran, Nexium, Frova, Treximet, Alprazolam, Colace, Magnesium, Lidoderm

patch, Flector patch, Phenergan, Singulair, and topical cream for pain. Therapy notes from January, February, and March 2012 were noted. The total number of physical therapy/acupuncture visits completed could not be determined. On 1/09/2015, Utilization Review (UR) non-certified a request for physical therapy (for thoracic outlet syndrome and right cubital syndrome) 3xweek for 6 weeks, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The UR non-certified a request for acupuncture 2xweek for 6 weeks, noting the lack of compliance with MTUS Acupuncture Medical Treatment Guidelines. The UR non-certified a request for Fischer Wallace stimulator, noting lack of compliance with Official Disability guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for thoracic outlets syndrome and right cubital tunnel syndrome 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar & Thoracic, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has already had physical therapy for both thoracic outlet syndrome and cubital tunnel syndrome. The total amount is not clear, but progress note dated 9/21/2014 mentions completing 9 sessions for thoracic outlet syndrome and 8 sessions for cubital tunnel syndrome over the previous 8 weeks. She does not appear to be benefiting from physical therapy, however this is attributed in part to wearing off of Botox injection. Per progress note dated 9/21/2014, the injured worker has additional therapy sessions that she is participating in, and she is doing prescribed home exercises. Poor response to physical therapy is not an indication for additional therapy. An additional 18 sessions of physical therapy is not consistent with the recommendations of the MTUS Guidelines. The request for Physical Therapy for thoracic outlets syndrome and right cubital tunnel syndrome 3 times a week for 6 weeks is determined to not be medically necessary.

Acupuncture 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The injured worker has had acupuncture previously, and the benefit is reported as decreased pain and calming down flares before the next physical therapy session so that she can tolerate physical therapy. Acupuncture helps greatly with nausea and she has been able to decrease the use of Zofran. The goal of acupuncture in the treatment of chronic pain is to improve function. There is no indication that the injured worker has objective functional improvement with the use of acupuncture. Medical necessity for additional acupuncture has not been established within the recommendations of the MTUS Guidelines. The request for acupuncture 2 times a week for 6 weeks is determined to not be medically necessary.

Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Transcranial magnetic stimulation (TMS) Section

Decision rationale: The MTUS Guidelines does not address the use of brain stimulators. Per the ODG, the criteria for transcranial magnetic stimulation (TMS) requires a diagnosis of severe Major Depression when the following criteria are met: 1) Failure of at least 3 different medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, plus 2) Failure of a trial of electroconvulsive therapy (ECT) due to inadequate response or intolerable effects or bona-fide contraindication to ECT, OR 3) Failure of at least 4 different antidepressant medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, OR 4) A positive clinical response to a previous course of treatment with TMS. The ODG recommends that standard treatment consists of the following: 1) A course of 30 treatments over 6-7 weeks, followed by a 6 treatment taper over 2-3 weeks; 2) The first treatment session may include treatment planning, cortical mapping, and initial motor threshold determination; 3) Treatments include 1-2 sessions for motor threshold re-determination during the course of treatment with TMS; 4) Continued treatment with TMS after 30 treatments due to partial resolution of acute symptoms should be determined on a case-by-case basis; 5) Maintenance treatment with TMS should be determined on a case-by-case basis. The medical records provided for review do not indicate that the injured worker meets the criteria to undergo this treatment option. The request for Stimulator is determined to not be medically necessary.