

Case Number:	CM15-0113406		
Date Assigned:	06/19/2015	Date of Injury:	08/08/2012
Decision Date:	08/19/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on August 8, 2012. Treatment to date has included MRI of the lumbar spine, MRI of the cervical spine, EMG/NCV of the bilateral upper extremities and home exercise. Currently, the injured worker complains of flare up of the neck, shoulder, arm, wrist and hand. She reports associated leg numbness and tingling. On physical examination the injured worker had normal deep tendon reflexes. A cervical distraction elicits pain in the cervical spine and decreased tension in the bilateral shoulders. She has a positive Phalen's test bilaterally. Her cervical range of motion is limited in all planes. She has limited range of motion in the lumbar spine and the bilateral shoulders. A previous MRI of the cervical spine revealed multilevel central disk protrusion and annular tears affecting the thecal sacs. An MRI of the lumbar spine revealed multi-level disc protrusion and neuroforaminal narrowing at L4-5. The diagnoses associated with the request include cervical disc bulge with radiculitis, bilateral carpal tunnel syndrome, lumbar disc bulge with radiculitis, shoulder tendonitis bilaterally and thoracic outlet syndrome. The treatment plan includes six sessions of acupuncture to the lumbar spine, compound topical medication, home interferential stimulator, home exercise kit for upper extremity strengthening and re-evaluation as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture six (6) visits (2x3), lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker and upon review of the provided documentation, it was apparent that acupuncture was recommended prior to this request. However, there was no found report on if this was completed or if any previous acupuncture was completed since her initial injury. Assuming the worker had not yet trialed acupuncture, there was some evidence that the provider suggested some active physical rehabilitation (home exercises) to go along with this modality. Therefore, this trial of 6 sessions are medically necessary at this time.

FCL Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% 180 grams, to be applied to the affected area:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p. 111-113 AND Capsaicin, topical, p. 28-29.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Also, the MTUS Guidelines state that topical use of muscle relaxants such as baclofen are specifically not recommended due to their lack of supportive data for use in chronic pain. Also, high doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of any topical analgesic preparation, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, the combination topical analgesic product requested includes baclofen and high dose capsaicin which are both not recommended. Therefore, the entire product is not medically necessary.

Home interferential unit, 60 day rental initial trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), p. 118-120.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was limited reporting found suggesting failure of other conservative treatments prior to this request. Also, there was no report found which stated a trial of an ICS unit in the office was successful to help justify a trial at home. Also, the 60 day trial request is longer than necessary to decide whether or not it is effective for this worker. Therefore, due to above reasons, the request is not medically necessary.

Re-evaluation PRN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. 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. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes

are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, follow-up is warranted. However, the "PRN" request is suggestive of potentially multiple visits and since each follow-up should be justified, only one follow-up at this time should be requested at a time. Therefore, the request is not medically necessary.