

<b>Case Number:</b>	CM15-0140341		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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  
 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 47 year old female who sustained an industrial injury on 12-12-14. The injured worker was diagnosed as having cervical sprain-strain, thoracic sprain-strain, and lumbar sprain-strain. Currently, the injured worker reported cervical, lumbar and thoracic pain as well as headaches. Previous treatments included nonsteroidal anti-inflammatory drugs and heating pads. Previous diagnostic studies included radiographic studies and magnetic resonance imaging (May 2015) and electromyography (June 2015). Work status was noted as temporary totally disabled. The injured workers pain level was noted as 7 to 8 out of 10. Physical examination was notable for tenderness to cervical, thoracic and lumbar paraspinals with decreased range of motion. The plan of care was for shockwave therapy x 6 for the neck, Functional improvement measurement with functional improvement measures, baseline cervical spine, Functional improvement measurement with functional improvement measures, baseline thoracic spine, Functional improvement measurement with functional improvement measures, baseline Lumbar spine, Acupuncture x 8 for the cervical spine, Acupuncture x 8 for the thoracic spine, electromyography - nerve conduction velocity study of the bilateral lower extremities, Acupuncture x 8 for the lumbar spine, consultation with neurologist, Cyclobenzaprine 5 milligrams quantity of 60, Tramadol 50 milligrams quantity of 30 and transportation to and from medical appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy x 6 for the neck: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide, Extracorporeal shock wave therapy (ESWT), Shoulder Disorders chapter.

**Decision rationale:** The request is for shockwave therapy x 6 for the neck. Currently, the injured worker reported cervical, lumbar and thoracic pain as well as headaches. CA MTUS was silent on the requested treatment, therefore ODG was referenced. Official Disability Guide recommendations for Extracorporeal shockwave therapy (ESWT) state that it is "Recommended for calcifying tendinitis but not for other shoulder disorders." Additionally stating "For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The investigators found a treatment effect favoring supervised exercises at 6, 12, and 18 weeks, and compared with the shockwave-treatment group, the group treated with supervised exercises had a significantly higher proportion of patients who improved in terms of shoulder pain and disability scores (64% vs 36%; odds ratio 3.2). Additional treatment between 12 and 18 weeks was needed in more patients in the shockwave-treatment group than in the exercise group, and fewer patients returned to work." As such, the request for shockwave therapy x 6 for the neck is not medically necessary and appropriate.

**Functional improvement measurement with functional improvement measures, baseline cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** The request is for Functional improvement measurement with functional improvement measures, baseline cervical spine. Currently, the injured worker reported cervical, lumbar and thoracic pain as well as headaches. The CA MTUS ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guide do not recommend proceeding with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. Within the medical information available for review, the injured worker has chronic pain and there is no indication the injured worker is close or at maximum-medical-improvement (MMI). There is no documentation of prior unsuccessful return-to-work (RTW) attempts. Medical records lack information about job description,

physical demand level and specific work-related tasks. Also records do not document injured worker's return to work goals. The medical necessity of the requested service has not been established. As such, the request for Functional improvement measurement with functional improvement measures, baseline cervical spine is not medically necessary and appropriate.

**Functional improvement measurement with functional improvement measures, baseline thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** The request is for Functional improvement measurement with functional improvement measures, baseline thoracic spine. Currently, the injured worker reported cervical, lumbar and thoracic pain as well as headaches. The CA MTUS ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guide do not recommend proceeding with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. Within the medical information available for review, the injured worker has chronic pain and there is no indication the injured worker is close or at maximum-medical-improvement (MMI). There is no documentation of prior unsuccessful return-to-work (RTW) attempts. Medical records lack information about job description, physical demand level and specific work-related tasks. Also records do not document injured worker's return to work goals. The medical necessity of the requested service has not been established. As such, the request for Functional improvement measurement with functional improvement measures, baseline thoracic spine is not medically necessary and appropriate.

**Functional improvement measurement with functional improvement measures, baseline Lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** The request is for Functional improvement measurement with functional improvement measures, baseline Lumbar spine. Currently, the injured worker reported cervical, lumbar and thoracic pain as well as headaches. The CA MTUS ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guide

do not recommend proceeding with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. Within the medical information available for review, the injured worker has chronic pain and there is no indication the injured worker is close or at maximum-medical-improvement (MMI). There is no documentation of prior unsuccessful return-to-work (RTW) attempts. Medical records lack information about job description, physical demand level and specific work-related tasks. Also records do not document injured worker's return to work goals. The medical necessity of the requested service has not been established. As such, the request for Functional improvement measurement with functional improvement measures, baseline Lumbar spine is not medically necessary and appropriate.

**Acupuncture x 8 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is considered in light of "functional improvement." The records are not clear if the injured worker had prior acupuncture therapy, and what was the objective outcome. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 8 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the prescription for 8 visits is not medically necessary.

**Acupuncture x 8 for the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is considered in light of "functional improvement." The records are not clear if the injured worker had prior acupuncture therapy, and what was the objective outcome. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 8 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the prescription for 8 visits is not medically necessary.

**EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute & Chronic) Chapter, EMGs (electromyography).

**Decision rationale:** The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended". There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has no symptoms or findings that define evidence of a peripheral neuropathy. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. As such, the request for electromyography - nerve conduction velocity study of the bilateral lower extremities is medically not necessary and appropriate.

**Acupuncture x 8 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is considered in light of "functional improvement." The records are not clear if the injured worker had prior acupuncture therapy, and what was the objective outcome. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 8 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the prescription for 8 visits is not medically necessary.

**Consultation with neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Office visits.

**Decision rationale:** MTUS explains how the chronic pain medical treatment guidelines apply. It states that generally providers should begin with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided and the patient is reassessed over the next 3-4 weeks. If the complaint persists during this interval, the treating physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The injured worker has reported cervical, lumbar and thoracic pain as well as headaches. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed by the specialist. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

**Cyclobenzaprine 5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The request is for Cyclobenzaprine 5 milligrams quantity of 60. Currently, the injured worker reported cervical, lumbar and thoracic pain as well as headaches. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating that "The addition of cyclobenzaprine to other agents is not recommended." CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Documentation does not give any evidence about the clear efficacy of this

medication for this injured workers pain. As such, the request for Cyclobenzaprine 5 milligrams, quantity of 60 is not medically necessary.

**Tramadol 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

**Decision rationale:** The injured worker reported having cervical, lumbar and thoracic pain as well as headaches. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The available clinical information does not document improvement in function. As such, the request for Tramadol 50 milligrams quantity of 30 is not medically necessary. Of note, discontinuation should include a taper to avoid adverse effects.

**Transportation to and from medical appointments: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Transportation (to & from appointments).

**Decision rationale:** The request is for transportation to and from medical appointments. Currently, the injured worker reported cervical, lumbar and thoracic pain as well as headaches. CA MTUS was silent on the requested treatment, therefore ODG was referenced. Official Disability Guide states transportation is "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." Provider documentation did not note criteria as to why transportation was necessary for the injured worker As such, the request for transportation to and from medical appointments is not medically necessary and appropriate.