MAXIMUS Federal Services

Case Number:	CM15-0168372		
Date Assigned:	10/08/2015	Date of Injury:	07/23/2014
Decision Date:	12/15/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury 07-23-14. A review of the medical records reveals the injured worker is undergoing treatment for cervicalgia, rotator cuff tendinosis, neck pain, myofascial pain, cervical spine herniated nucleus pulpous-bulge, carpal tunnel syndrome, and facet pain. Medical records (07-23-15) reveal the injured worker complains of difficulty sleeping and decreased range of motion of her shoulder. Her pain is not rated. The physical exam (07-23-15) reveals "moderate-severe" tenderness in the bilateral cervical paraspinals, trapezius, shoulder, and scapula region, as well as decreased range of motion in the neck. Motor strength is 5/5 in the upper extremities. Prior treatment includes acupuncture, and medications including ibuprofen, diclofenac, Mobic, flexeril and lidocaine cream. The original utilization review (08-06-15) non-certified the request for 6 acupuncture treatments, ibuprofen, trigger point injections, and a cervical traction pillow. The documentation from 06-23-15 details the injured worker's pain at 4-6/10, and the transition from ibuprofen and diclofenac to Mobic. The prior report dated July 23, 2015 indicates that the patient has completed the 1st series of acupuncture with improvement in sleep as well as increased range of motion of the shoulder. The note goes on to state that the patient has had a lack of improvement with conservative treatment including physical therapy and requests an additional 6 visits of acupuncture. Trigger point injections are requested and a cervical traction pillow is also requested. Cervical spine exam reveals tenderness in bilateral cervical paraspinal muscles with decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. Finally, it is unclear what method of adjunctive physical rehabilitation will be used alongside the acupuncture. As such, the currently requested acupuncture is not medically necessary.

Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it is unclear if this is an initial prescription or an ongoing prescription. If this is an ongoing prescription, there is no documentation of any specific analgesic benefit or objective functional improvement as a result of this medicine. Additionally, the current request does not include a frequency or duration of use. Guidelines do not support the open-ended application of any medication and there is no provision to modify the current request. As such, the currently requested Motrin (ibuprofen) is not medically necessary.

Trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, if the patient has undergone previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.

Cervical traction pillow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction pillow, it is unclear if this is a request for a cervical pillow or a cervical traction device. Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Regarding a cervical pillow, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of adherence to a daily independent home exercise program. Additionally, there is no indication that the patient has

undergone a trial of cervical traction with identification of objective functional improvement. The current request for cervical traction pillow is open ended with no duration specified. Guidelines do not support the open-ended application of cervical traction unless there has been documentation of objective functional restoration during a 2 to 3 week trial period. In the absence of clarity regarding those issues, the currently requested cervical traction pillow is not medically necessary.