MAXIMUS Federal Services

Case Number:	CM15-0176130		
Date Assigned:	09/17/2015	Date of Injury:	11/23/2014
Decision Date:	10/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts
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 on 11-23-14. The injured worker has complaints of shoulder, neck, arm and finger complaints. The documentation on 8-7-15 noted that the injured worker had a previous motor vehicle accident 10 years ago and when she was 10 and 12 years old which resulted in no injuries. The injured worker stated that she goes to a chiropractor regularly due to history of neck complaints; she states that her neck is now much more stiff since this injury and that she had right shoulder surgery in 2004 which resolved her pain complaints 75 percent and that the pain in her right shoulder is now much worse. The injured worker reports neck pain at 3 to 5 out of 10 on the pain scale, with radiation of pain, numbness, tingling and weakness in the bilateral upper extremities going all the way to her fingers. The injured worker states that her back is aching and she reports that this is not part of her claim. The injured worker describes her neck pain as very tender and is better with therapy and worse when she is cleaning or has to make dinner. The injured worker states that she has significant difficulty driving, as she has to turn her whole body when she is driving. Tenderness to palpation about the cervical spine. Magnetic resonance imaging (MRI) of the right shoulder on 4-10-15 showed complex, high-grade tearing of the distal supraspinatus, particularly the anterior portion on a background of moderate tendinosis, multifocal low-grade intrasubstance tearing of the infraspinatus on a background of moderate tendinosis; there is mild atrophy of the supraspinatus and infraspinatus muscles and there was partial tearing of the biceps tendon, longitudinal split tear of the long head of the biceps tendon and complex high grade tearing of the distal supraspinatus as well as tendinitis, bursitis and degenerative changes in the acromioclavicular (AC) joint and the glenoid labrum. X-rays on 11-24-14 showed C5-6 severe disc space narrowing, C6-7 moderate disc space narrowing, spondylolisthesis C4-5, retrolisthesis

C5-6; kyphosis and spondylosis. The diagnoses have included brachial neuritis or radiculitis not otherwise specified and right and left shoulder arthralgia. Treatment to date on the 8-7-15 noted that the injured worker had 8 sessions of physical therapy that helped to reduce her pain; 30 sessions of chiropractic therapy that helped to reduce her pain; 4 sessions of acupuncture that helped a lot; corticosteroid injection to the right shoulder; right shoulder surgery in 2004 and tried advil and takes 9 to 12 tables per day that helps a lot and the current medications for the injured worker is advil and xanax. The original utilization review (9-4-15) non-certified the request for acupuncture 2x4 to cervical spine and CM4-Caps 0.05% + cyclo 4% (capsaicin cream). Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 to Cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in November 2014 and was seen for an initial evaluation by the requesting provider. She was having neck, arm, shoulder, and finger pain rated at 3-5/10. Physical examination findings included decreased cervical spine range of motion and there was cervical spine tenderness. There was decreased upper extremity strength. Spurling's testing was negative. There was hyper-reflexia. Her BMI was 36. Acupuncture was requested and topical medication was prescribed. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations and there is no adjunctive rehabilitation. The requested acupuncture treatments were not medically necessary.

CM4-Caps 0.05% + Cyclo 4% (Capsaicin cream): 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): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in November 2014 and was seen for an initial evaluation by the requesting provider. She was having neck, arm, shoulder, and finger pain rated at 3-5/10. Physical examination findings included decreased cervical spine range of motion and there was cervical spine tenderness. There was decreased upper extremity strength. Spurling's testing was negative. There was hyper-reflexia. Her BMI was 36. Acupuncture was requested and topical medication was prescribed. In terms of topical treatments, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. This medication was not medically necessary.