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| Case Number: | CM15-0021014 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 09/15/2010 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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, Public Health & General Preventive 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 52-year-old female who reported an injury on 09/15/2010. The mechanism of injury was not specifically stated. The current diagnoses include cervical disc protrusion, cervical radiculopathy, cervical myofascial spasm, status post carpal tunnel release, and rule out cubital tunnel syndrome. The injured worker presented on 12/19/2014 for a follow-up evaluation regarding neck and arm pain. The injured worker reported intermittent neck pain with radiating symptoms into the bilateral upper extremities, with associated numbness and tingling in the bilateral hands. The injured worker also reported associated headaches. Upon examination, there was limited cervical range of motion, palpable myofascial spasm, mild tenderness at C5-6, 4+/5 grip strength, and diminished sensation to light touch and pinprick in the bilateral hands. There were diminished deep tendon reflexes involving the right brachioradialis and bilateral biceps tendon noted as well. Recommendations included physical therapy, acupuncture, and continuation of oral medications to include cyclobenzaprine and Cymbalta. A therapeutic cervical C7-T1 interlaminar epidural steroid injection under fluoroscopic guidance was also recommended. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupuncture for the bilateral shoulders and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. In this case, the injured worker has previously participated in a course of acupuncture with only temporary relief of pain. The medical necessity for additional treatment has not been established in this case. There is no documentation of significant functional improvement to support the necessity for an additional 6 sessions. As such, the request is not medically necessary.

Interlaminar epidural steroid injection at C7-T1 under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the injured worker had been previously treated with an epidural steroid injection. According to the documentation provided, the previous injections were noted to have failed and also caused severe side effects. The medical necessity for an additional procedure has not been established in this case. As such, the request is not medically necessary.

12 sessions of physical therapy for the bilateral shoulders and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the injured worker has been previously treated with a course of physical therapy, which provided only a temporary relief of symptoms. There is no documentation of a significant functional

improvement to support the necessity for additional treatment. Given the above, the request is not medically necessary.

30 tablets of Flexeril 5 mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 09/2014. Guidelines do not support long term use of muscle relaxants. There was also no documentation of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically necessary.

30 capsules of Cymbalta 60 mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 41, 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.