

<b>Case Number:</b>	CM15-0093269		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/05/1998
<b>Decision Date:</b>	10/01/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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 50 year old female, who sustained an industrial injury on 8/5/98. She reported pain in her low back, upper extremities, knees and head. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar facet arthropathy. There are associated complaints of severe insomnia and severe headache. Treatments to date has included physical therapy, implantation and removal of occipital stimulator, occipital nerves block, Orthrovisc injection to the right knee on 7/23/14, a lumbar nerve block on 9/11/14 and oral pain medications. The medications listed included topicals, Norco, Opana, Reztriptan and estazolam. As of the PR2 dated 2/10/15, the injured worker reports problems with eating, dressing, grooming, bathing and other activities of daily living. She is not working and indicated that her headaches remain unchanged. She is also having increased pain in her knees and shoulders. Objective findings include severe occipital tenderness, a positive straight leg raise test and a tender left sacroiliac joint. The treating physician requested acupuncture x 12 sessions, physical therapy x 12 sessions, aqua therapy x 12 sessions, a right knee MRA, occipital block injections, pre-ops for occipital injections, an H-wave unit and pads for purchase, a second opinion regarding the lumbar and cervical spine, home care and medical transportation, a follow-up and a detox program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (12-sessions, 3 times a week for 4 weeks for the cervical spine, lumbar spine and right knee):** Overturned

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

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of Acupuncture can result in reduction in pain scores, decreased medications utilization and functional restoration. The records indicate that the patient had not previously completed Acupuncture treatments. The presence of significant of psychosomatic disorders is associated with decreased efficacy of intervention pain procedures, medications and standard physical treatment measures. Criteria for Acupuncture treatments 3 times a week for the cervical spine, lumbar spine and right knee (12 sessions) was met.

**Physical Therapy (12-sessions, 3 times a week for 4 weeks for the cervical spine, lumbar spine and right knee):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Physical Therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of PT can result in reduction in pain scores, decreased medication utilization and functional restoration. The records indicate that the patient had previously completed PT treatments. The guidelines recommend that patient proceed to Home Exercise program after completion of supervised PT programs. The presence of significant of psychosomatic disorders is associated with decreased efficacy of intervention pain procedures and physical treatment measures. The criteria for Physical Therapy (12 sessions) 3 times a week for 4 weeks for the cervical spine, lumbar spine and right knee was not met, therefore is not medically necessary.

**Aqua Therapy (12-sessions, 3 times a week for 4 weeks for the cervical spine, lumbar spine and right knee):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Aquatic Therapy can be utilized for the treatment of exacerbation of musculoskeletal pain in patients who are unable or cannot tolerate land based exercise. The utilization of aquatic therapy can result in reduction in pain scores, decreased medication utilization and functional restoration. The records indicate that the patient had not previously completed treatments. The records did not show that the patient could not tolerate land based exercise treatments. The presence of significant of psychosomatic disorders is associated with decreased efficacy of intervention pain procedures and physical treatment measures. The criteria for Aqua Therapy (12 sessions) 3 times a week for cervical spine, lumbar spine ad right knee was not met therefore is not medically necessary.

**MR Arthrogram - Tesla 3.0 for the Right Knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Knee.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of deteriorating musculoskeletal conditions or associated neurological deficits when clinical examination and plain radiographs are inconclusive. The records indicate that the patient had completed radiological examinations of the right knee including MRI investigations. There is no records indicating deterioration of right knee condition or the presence of red flag condition. The criteria for MR arthrogram - Tesla 3.0 for the right knee was not met, therefore is not medically necessary.

**Occipital Block 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 Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Head.

**Decision rationale:** The CA MTUS and the ODG guidelines can be utilized for the treatment of musculoskeletal disorders when conservative treatments with medications and PT have failed. The presence of significant psychosomatic disorders is associated with decreased efficacy of interventional pain procedures. The records indicate that the patient had previously completed occipital nerve blocks as well as implantation and removal of occipital stimulator device without significant sustained reduction in pain. The criteria for Occipital Blocks Injections was not met, therefore is not medically necessary.

**H-Wave Unit and Pads (purchase): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Neuromuscular electrical stimulation (NMES devices) Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that stimulation devices such as H-wave can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of stimulation devices can result in reduction in pain scores, decreased medication utilization and functional restoration. The records indicate that the patient had not previously completed trials of H-wave treatments to establish efficacy treatments. The presence of significant psychosomatic disorders is associated with decreased efficacy of intervention pain procedures and physical treatment measures. The criteria for H-wave Unit and pads purchase was not met, therefore is not medically necessary.

**Second Opinion regarding the Lumbar and Cervical Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluations and treatment by specialists when the diagnosis is too complex, in the presence of significant psychiatric conditions or when additional expertise treatment had become necessary. The records indicate that the patient had completed evaluations, interventional pain procedures and surgeries by various specialists without significant pain relief or functional improvement. The presence of significant psychosomatic disorders and hyperalgesia state is associated with decreased efficacy of various pain treatment methods. The criteria for second opinion regarding the lumbar and cervical spine was not met, therefore is not medically necessary.

**Pre-Ops for the Occipital 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 Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Head.

**Decision rationale:** The CA MTUS and the ODG guidelines can be utilized for the treatment of musculoskeletal disorders when conservative treatments with medications and PT have failed. The presence of significant psychosomatic disorders is associated with decreased efficacy of interventional pain procedures. The records indicate that the patient had previously completed occipital nerve blocks as well as implantation and removal of occipital stimulator device without significant sustained reduction in pain. The criteria for Pre-Ops for Occipital Blocks Injections was not met, therefore is not medically necessary.

**Home Care and Medical Transportation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Home Care and Medical Transportation can be provided when significantly disabled patient do not have relatives or helpers who can provide such services the medical indications. The records did not establish that the patient is significantly disabled and not capable of utilizing no medical personnel for the fulfillment of routine activities of daily living. The guidelines did not support the use of medical support personnel for the provision of routine household chores. The criteria for Home Care and Medical Transportation was not met, therefore is not medically necessary.

**Detox Program:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluations and treatment in Detox programs when it is necessary to wean from high doses of opioids and sedative medications in the presence of complex musculoskeletal pain and significant psychiatric conditions. The records indicate that the patient had completed evaluations, medications treatment, interventional pain procedures and surgeries by various specialists without significant pain relief or functional improvement. The presence of significant psychosomatic disorders and opioid induced hyperalgesia state is associated with decreased efficacy of various pain treatment methods and difficulty with standard opioid weaning schedule. It is recommended that affected patients be referred to Pain Programs and Addiction centers for safe weaning. The criteria for referral for Detox Program were met.