

Case Number:	CM17-0008479		
Date Assigned:	01/18/2017	Date of Injury:	10/18/2016
Decision Date:	02/15/2017	UR Denial Date:	12/19/2016
Priority:	Standard	Application Received:	01/12/2017

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: Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This case involves a now 47-year-old male with a history of an occupational claim from 10/18/2016. The mechanism of injury is detailed as cumulative trauma. The current diagnosis is documented as other cervical disc displacement, mid cervical region. The prior treatment included chiropractic treatment, acupuncture, and medications. On 12/05/2016, the patient presented for a followup visit. The patient complained of cervical spine pain rated 7/10 to 8/10. On physical examination, the range of motion of the cervical spine on flexion was 40 degrees, extension was 50 degrees, right and left lateral bending was 40 degrees, and right and left rotation was 70 degrees. There was also tenderness to palpation noted over the cervical paravertebral muscles, right upper trapezius, and suboccipitals. There were also muscle spasms noted in the cervical paravertebral muscles, right trapezius, and suboccipitals. The cervical compression caused pain bilaterally. There was also pain during shoulder depression. The treatment plan consisted of an MRI of the cervical spine, acupuncture visits with infrared, manual acupuncture sessions, electrical acupuncture visits, acupuncture visit with a capsaicin patch, extracorporeal shockwave therapy, trigger point impedance imaging, and localized intense neurostimulation therapy. The Request for Authorization was noted to be signed on 12/05/2016. The prior determination on 12/19/2016 denied the request for MRI of the cervical spine due to the examination findings did not support the requested imaging. The request for infrared acupuncture, manual acupuncture, and acupuncture with a capsaicin patch were previously denied due to a lack of documentation of objective improvement in function with the prior acupuncture sessions. The request for the acupuncture with the capsaicin patches were

previously denied due to no indication the patient was unresponsive to other pain management treatments. The request for the extracorporeal shockwave therapy was previously denied due to the guidelines stating that shockwave therapy is not recommended. The request for the trigger point impedance imaging was previously denied due to the guidelines stating that it is not recommended. The request for localized intense neurostimulation therapy was previously denied due to the guidelines stating that it is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging if symptoms persist. On 12/05/2016, there was a lack of significant neurological deficits in the upper extremities that would support the usage of the MRI. Therefore, the request is not supported. As such, the request is not medically necessary.

Twelve infrared acupuncture visits, 2 times weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2016, Section(s): Low-Level Laser Therapy (LLLT).

Decision rationale: The California MTUS Guidelines Acupuncture Treatment Guidelines state that 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 to hasten functional recovery. In addition, the California MTUS 2016 Chronic Pain Guidelines state that low level laser therapy to include infrared lasers is not recommended. The documentation submitted for review indicated that the patient previously underwent acupuncture. However, there was a lack of documentation regarding an objective improvement in function with the prior usage. In addition, given that the guidelines do not recommend infrared lasers, the request is not supported. As such, the request is not medically necessary.

Twelve manual acupuncture visits (15 mins), 2 times weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS Acupuncture Treatment Guidelines state that 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 to hasten functional recovery. There was a lack of documentation regarding the patient's objective response to the prior usage of acupuncture, including a quantified decrease in pain and an objective improvement in function. Therefore, the ongoing usage would not be supported. As such, the request is not medically necessary.

Twelve elect acupuncture visits (15 mins), 2 times weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS Acupuncture Treatment Guidelines state that acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The documentation submitted for review indicated that the patient was previously treated with acupuncture. However, there was a lack of documentation regarding an objective improvement in function and decrease in pain score with the prior usage. Therefore, the request is not supported. As such, the request is not medically necessary.

Twelve acupuncture visits with Capsaicin patch, 2 times weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2016, Section(s): Capsaicin, topical (chili pepper/cayenne pepper).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS Acupuncture Treatment Guidelines state that 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 to hasten functional recovery. The documentation submitted for review indicated that the patient was previously treated with acupuncture. However, there was a lack of documentation regarding the patient's objective response to the prior usage of acupuncture, including a quantified decrease in pain and an objective improvement in function. In addition, the California MTUS 2016 Chronic Pain Guidelines state that capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There was a lack of documentation indicating that the patient was intolerant to oral medication. It is also unclear of the rationale as to why the patient would require a topical patch versus oral medication. The requested capsaicin patch also did not specify the quantity or dosage of the medication that is being recommended. Given the above, the request is not medically necessary.

Extracorporeal shockwave therapy (ESWT): Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Criteria for use of Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Extracorporeal shock wave therapy (ESWT)).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the specific request. The Official Disability Guidelines state that extracorporeal shockwave therapy is not recommended for back pain. The available evidence does not support the effectiveness of shockwave for treating back pain. The requested service did not specify the location as to which the shockwave therapy is being recommended. However, given that the guidelines specifically do not recommend shockwave therapy for the back, the request is not supported. As such, the request is not medically necessary.

Trigger points impedance imaging (TPII): Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Trigger Point Impedance Imaging (TPII).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Trigger point impedance imaging).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the specific request. The Official Disability Guidelines state that trigger point impedance imaging is not recommended. Given that the guidelines specifically do not recommend the imaging, the request is not supported. There were no extenuating factors noted that would warrant the usage of the imaging despite of the guideline recommendation. Given the above, the request is not supported. As such, the request is not medically necessary.

Localized intense neurostimulation therapy [following TPII]: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Trigger Point Impedance Imaging (TPII); Hyperstimulation analgesia.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Low Back (Hyperstimulation analgesia).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the specific request. The Official Disability Guidelines state that hyperstimulation analgesia is not recommended until there are high quality studies. Given that the guidelines specifically do not recommend this therapy, the usage would not be supported. There were no extenuating factors noted that would warrant the usage of the therapy despite of the guideline recommendation. Given the above, the request is not medically necessary.