

Case Number:	CM13-0021789		
Date Assigned:	11/13/2013	Date of Injury:	02/05/2009
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 02/05/2009. This patient is a 39-year-old man. Treating diagnoses include lumbago with bilateral sciatica, cervicgia with upper extremity radiculopathy, right shoulder pain, and status post pelvic fracture. The primary treating physician's progress report of 08/15/2013 indicates that the patient's neck pain remarkably improved with acupuncture and that a report from the patient's pain management physician was pending. The progress report also stated that the patient would continue psychiatric treatment, additional acupuncture was recommended and the patient's OxyContin and Norco were renewed. His prior physician review noted that additional acupuncture was not warranted since there was no quantitative improvement noted in pain or function from previous acupuncture therapy. That review noted that Norco was not indicated since there was no significant quantifiable improvement in pain or function despite use since 2011. That review also concluded that an injection of plasma-rich protein was not medically necessary. A very detailed psychiatric agreed medical evaluation of 08/25/2010 reviews the patient's history in detail including the diagnosis of major depression, polysubstance dependence, and a possible cognitive disorder. The patient was noted to be still using marijuana and to be on various medications including Abilify and a sleep medication. That provider listed numerous recommendations for continuing mental health follow up. Similar recommendations have been noted in an agreed medical reexamination of 01/11/2012, noting in particular the need to closely monitor multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection of plasma-rich protein under ultrasound guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment of Worker's Compensation, Shoulder Section.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss this treatment. The Official Disability Guidelines Treatment of Workers' Compensation, Shoulder states regarding platelet-rich plasma, "Not recommended...Platelet-rich plasma looks promising but it is not yet ready for prime time...There is no science behind it yet". Therefore, the guidelines essentially conclude that this treatment is experimental in nature at this time. The medical records do not provide an alternate rationale for this treatment. This request is not medically necessary.

The request for psychiatric treatment: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 45, Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Psychological Treatment, page 101, states, "Recommended for appropriately identified patients during treatment for chronic pain". A prior physician review did not explicitly state a rationale for non-certification of psychiatric treatment. ACOEM Guidelines, Chapter 3 Treatment, page 45, states, "Variance from expectations: If the patient is not recovering as he or she expects, the patient inclination should seek reasons for the delay and address them appropriately". The medical records in this case outline a very complicated history of polypharmacy with concerns about numerous psychotropic medications and underlying primary mental health diagnoses. In this situation, continued psychiatric follow up would be clearly supported by the guidelines. This request is medically necessary.

twelve (12) acupuncture sessions for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule, Acupuncture Medical Treatment Guidelines, Section 24.1, states, "Acupuncture treatments may be extended if

functional improvement is documented as defined in section 92.20". In turn, Section 92.20 states, "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as it measured during the history and physical exam performed and documented". The medical records do not document such functional improvement at this time consistent with the guidelines to continue acupuncture treatment. This request is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". The medical records do not meet these criteria for the 4 domains of opioid management support and indication for ongoing opioid use. This request is not medically necessary.