MAXIMUS Federal Services

Case Number:	CM13-0024893		
Date Assigned:	11/20/2013	Date of Injury:	10/09/2012
Decision Date:	01/16/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Psychiatry, 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:

This case involves a 33 year old female correctional worker who was injured while extracting an inmate from a cell on 10/9/12. The patient sustained neck, shoulder, arm, and leg injuries, and has had intractable pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saliva DNA testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: From the medical record it appears that the saliva DNA test is being requested to assess the patient's predisposition to narcotic abuse and/or dependence. A search of the California MTUS Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines and the ACOEM 2nd Edition (2004) has revealed that these three bodies of guidelines are all silent on this issue. Furthermore, the requestor failed to provide any evidence based guidelines or peer reviewed medical literature to support such testing. As such, the request for testing of saliva DNA to assess for predisposition to narcotic abuse/dependence is not medically necessary.

Cervical epidural steroid injection with epidurogram at the C7-T1 level: Overturned

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: The Chronic Pain Medical Treatment Guidelines states the following on criteria for the use of epidural steroid injections on page 46: "Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support"series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." On 10/17/13, [redacted] documented his radiological exam findings thusly: "[redacted] has responded very well to her suboccipital injections. She still has residual radicular pain into the shoulder. The CESI was denied because there was no documentation of radiculopathy. The request was based on her MRI from December 27, 2012 which demonstrated multiple disc bulges from C4-C7 as well as radicular pain into the shoulder. She was unable to tolerate the pain from the EMG so we do not have that as proof of radicular pain." Because radiculopathy was documented by [redacted], the cervical epidural steroid injection and epidurogram are medically necessary per guidelines cited above.

Kava-Kava #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Section on Kava Extract.

Decision rationale: The Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Section on Kava Extract states the following on Kava Extract: "Recommend the aqueous extract as an option, with concerns about hepatotoxicity. A systematic review of seven clinical trials testing the use of kava extract to treat anxiety found that all of the trial results suggest that kava extract is superior compared with placebo as a treatment option for anxiety. (Pittler-Cochrane, 2002) (Jorm, 2005) One study regarding dosage concluded that concluded that the applied 150 mg WS 1490 per day is an effective and safe treatment of non-psychotic anxiety syndromes in the described population. This was applied during a four-week treatment period. WS 1490 was well tolerated and showed a safety profile with no drug-related adverse events or post-study withdrawal symptoms. (Geier, 2004) Piper methysticum (Kava) has been withdrawn in European, British, and Canadian markets due to concerns over hepatotoxic reactions, and the WHO recently recommended research into "aqueous" extracts of Kava. This RCT concluded that the aqueous Kava preparation produced significant anxiolytic and antidepressant activity and raised no safety concerns. In addition, Kava appears equally effective in cases where anxiety is accompanied by depression. (Sarris, 2009)." The medical literature is replete with concerns about hepatotoxicity from Kava. The ODG specifies the aqueous extract as a means of limiting this potential for toxicity. The request makes no mention of the aqueous extract mentioned in the ODG. As such, Kava is not medically necessary.