

Case Number:	CM13-0031158		
Date Assigned:	12/04/2013	Date of Injury:	03/29/2000
Decision Date:	01/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic neck, back, shoulder, upper extremity, wrist, and hand pain reportedly associated with cumulative trauma at work, first claimed on March 29, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; cervical fusion surgery; left wrist ganglion cyst removal; injection procedures of various kind; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of September 26, 2013, the claims administrator denied a request for medical transportation, partially certified a request for 24 sessions of acupuncture as 12 sessions of acupuncture, denied a request for H. pylori testing, certified a liver panel, denied a comprehensive metabolic panel, and denied CBC. The applicant's attorney later appealed. An earlier clinical progress note of September 16, 2013, is notable for comments that the applicant is status post carpal tunnel release surgery, ganglion cyst excision, and cervical discectomy and fusion. The applicant is off of work. He reports neck pain with numbness and tingling about the bilateral upper extremities. He is presently on Lotensin, Prilosec, Norvasc, Xanax, and Norco. The applicant is given a diagnosis of possible bilateral cubital tunnel syndrome versus cervical radiculopathy and asked to obtain electrodiagnostic testing. An earlier note of April 10, 2013, is notable for comments that the applicant is on Lotensin, Norvasc, Avinza, Prilosec, Ativan, and Imitrex. He continues to be anxious, depressed, and frustrated. Acupuncture, lumbar MRI imaging, and psychological testing are all endorsed. One of the applicant's stated diagnoses is gastrointestinal distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor code 4600.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, "applicants must assume certain responsibilities, which include keeping appointments." Thus, the applicant's request for transportation could be non-certified on the grounds that attending office visits is a matter of applicant's responsibility as opposed to a matter of medical necessity. A non-MTUS Guideline, ODG Knee chapter, medical transportation topic, states that medical transportation can be endorsed in those applicants who have disability preventing them from self-transport. In this case, however, it is not clearly stated how or why the applicant is unable or incapable of attending physician office visits of his own accord. Therefore, the request remains non-certified.

24 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines purposes of Acupuncture..

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the attending provider has not furnished any compelling rationale or narrative to the request for authorization or application for IMR so as to try and offset the MTUS recommendation. It is not clearly stated why a course of 24 sessions is needed or indicated here, when the MTUS note says that the time needed to effect functional improvement following introduction of acupuncture is three to six treatments. Therefore, the request is not certified.

H. Pylori Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN), 2003 March 27, page 68 and Dyspepsia, A National clinical Guideline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Gastroenterology

Decision rationale: The MTUS does not address the topic. As noted by the American College of Gastroenterology (ACG), H. pylori testing should be performed only if the clinician plans to offer treatment based on positive results. Testing is indicated in individuals with gastric lymphoma, active peptic ulcer disease, or a past history of documented peptic ulcer. In this case, it is further noted that the applicant's issues with gastrointestinal distress have not been clearly detailed or clearly described. There is no clearly voiced suspicion of history of lymphoma, peptic ulcer disease, or documented prior positive peptic ulcer. It is unclear whether this test will be performed serologically or on EGD. It is further noted that the attending provider has not clearly stated how he plans to act on the results of the tests. For all of these reasons, then, the request is not certified.

CMP: 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 Hepatotoxicity Page(s): 12.

Decision rationale: As noted on page 12 of the MTUS Chronic Pain Medical Treatment Guidelines, hepatic toxicity is a well-known side effect of acetaminophen usage. In this case, the applicant is using an acetaminophen-containing drug, Norco. It is further noted that page 70 of the MTUS Chronic Pain Medical Treatment Guidelines endorses intermittent renal/hepatic function testing in those applicants using NSAIDs. By implication, intermittent renal/hepatic function testing are likewise appropriate in applicants using acetaminophen-containing products such as Norco, on a chronic basis. In this case, the applicant is in fact using Norco chronically. CMP testing will ensure that the applicant's present levels of renal/hepatic function are compatible with the medication that he is prescribed with is indicated, particularly given his history of hypertension requiring usage of Lotensin.

CBC: 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 Package insert of NSAIDs Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, intermittent CBC testing is indicated in those individuals using NSAIDs chronically. By implication, intermittent CBC testing is also indicated in those individuals using opioids chronically such as the applicant. It is further noted that the applicant is using a number of other analgesics, adjuvant, blood pressure lowering, and psychotropic medications. Intermittent lab testing is indicated in this context, to ensure that the applicant's hematologic, renal, and hepatic function are consistent and compatible with current medication doses.