

Case Number:	CM13-0065140		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2012
Decision Date:	05/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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/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 injured worker is a 32-year-old male who reported an injury on 12/14/2012 through a motor vehicle accident that reportedly caused injury to his cervical spine. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker's treatment history included the chiropractic care and ibuprofen. It was noted that the injured worker had not participated in any physical therapy and had failed to progress through a home exercise program due to significant increases in pain. Physical findings included full range of motion of the cervical spine and tenderness on the right side of the mid to upper cervical facet levels, a negative Spurling's sign, and a negative root tension sign. The injured worker's diagnoses included possible facet joint syndrome following a whiplash injury and myofascial pain. The injured worker's treatment plan included Relafen 750 mg, medial branch diagnostic block at C2, C3, and C4, and acupuncture

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct treatment to an active Functional Restoration Program. The clinical documentation submitted for review does not indicate that the injured worker has undergone any supervised physical therapy or is participating in an active therapy program in the home setting. Additionally, California Medical Treatment Utilization Schedule recommends a trial of 6 visits of acupuncture to support the efficacy of this treatment modality. The clinical documentation submitted for review does indicate that the injured worker has not previously received any acupuncture. Therefore, the request exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 8 sessions of acupuncture are not medically necessary or appropriate

RELAFEN 750MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS Page(s): 67.

Decision rationale: The requested Relafen 750 mg is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker was taking ibuprofen as needed when pain increased and required medication. California Medical Treatment Utilization Schedule does recommend nonsteroidal anti-inflammatory drugs as a first-line medication in the management of chronic pain. However, the clinical documentation fails to address why the injured worker needs to be transitioned into a medication that will be taken on a regular basis. There is no indication that the injured worker's pain control is not adequately addressed with over-the-counter ibuprofen. Therefore, a prescription medication is not clearly justified. Additionally, the request as it is submitted does not provide a quantity or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Relafen 750 mg is not medically necessary or appropriate

RIGHT C2, C3 AND C4 DORSAL MEDIAL BRANCH DIAGNOSTIC BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK AND UPPER BACK (ACUTE & CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, FACET INJECTIONS (DIAGNOSTIC)

Decision rationale: The requested right C2, C3, and C4 dorsal medial branch diagnostic blocks are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address medial branch blocks. Official Disability Guidelines recommend medial branch blocks for injured workers with well-documented facet-generated pain that has failed to respond

to active conservative therapy. The clinical documentation submitted for review does not provide any evidence the injured worker has participated in any active therapy to assist with reduction in pain. Therefore, the need for a medial branch block is not clearly justified in the documentation. As such, the requested right C2, C3, and C4 dorsal medial branch diagnostic blocks are not medically necessary or appropriate