

Case Number:	CM14-0105852		
Date Assigned:	07/30/2014	Date of Injury:	08/19/1999
Decision Date:	10/07/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 Internal 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 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 patient is a 36 year old female who was injured on 08/19/1999. The mechanism of injury is unknown. Progress report dated 06/12/2014 states the patient presented with complaints worsening pain in her right upper extremity. The patient's appearance was pale and malnourished and her neuropathic pain is associated with malnutrition and deficiency of vitamin D and B vitamins and minerals. She has a swollen left leg and a mildly swollen right leg. The patient was recommended for a Doppler exam to rule out blood clot and needs lab work performed first. She rated her pain as 7/10 at its best and 10/10 at its worst. On exam, her blood pressure is 98/60. The left leg is swollen from the knee to the toes with warmth. Her pulses were not able to be palpated because of the swelling. She is very tender to touch due to her CRPS. She is diagnosed with pain disorder and pain in hand joint, pain in limb, reflex sympathetic dystrophy of upper and lower limb. She has been recommended for lab work (CBC, CMP, CRP, vitamin D and B12, folic acid); Doppler study of bilateral lower extremities. Prior utilization review dated 06/10/2014 states the request for Nutrition Classes Quantity 1 is modified for 1 class as medical necessity has been established; C-reactive Protein Test, Vitamin B12 level, Folic Acid level and Cognitive Behavioral Therapy session are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutrition Classes Quantity 1: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: <http://www.upmc.com/patients-visitors/education/nutrition/Pages/default.aspx>

Decision rationale: CA MTUS and ODG is silent regarding the request. The referenced guidelines recommend referral for nutrition education for medical conditions which may benefit from dietary adjustments. The clinical documents identify that the patient has previously tried to modify her diet. The notes document the patient has Vitamin B and D deficiencies. The patient has suffered from malnutrition with her own dietary adjustments. It is reasonable that the patient would benefit from nutrition education. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

C-reactive Protein Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/crp/tab/test?gclid=CPT97JPWhsECFdDm7AodrWIAxg>

Decision rationale: CA MTUS and ODG is silent regarding the request. The referenced guidelines recommend CRP testing to evaluate for specific diseases associated with inflammation. CRP testing is nonspecific and may be elevated in numerous conditions such as stress, infection, or inflammatory diseases. The clinical documents did not provide adequate justification for CRP testing. It is not clear from the documents how CRP testing would alter management at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Vitamin B12 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, 12th edition pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/vitamin-b12/tab/test/>

Decision rationale: CA MTUS and ODG is silent regarding the request. The referenced guidelines recommend Vitamin B12 levels when screening for Vitamin B12 deficiency. The clinical documents identified the patient as having been diagnosed with Vitamin B12 deficiency. It is not clear what treatment or evaluation has been done for the patient's vitamin deficiency. It is unclear why a B12 level is being ordered at this time and it is not clear how the result would alter management. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Cognitive Behavioral Therapy session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (CBT)Cognitive Behavior Therapy (chronic pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Cognitive Behavioral Therapy

Decision rationale: The guidelines recommend cognitive behavior therapy as part of the treatment regimen for patients with chronic pain. The clinical notes document the patient has undergone CBT but the results were not documented adequately. It is unclear if the patient is having benefit from CBT therapy. In order to approve the request there should be discussion of the previous therapy and the efficacy until this point. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Folic Acid level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/folicacid.html>Official Disability Guidelines - Treatment for Workers' Compensation 12th (mental illness)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/vitamin-b12/tab/test/>

Decision rationale: CA MTUS and ODG is silent regarding the request. The referenced guidelines recommend folic acid levels when screening for folate deficiency. However, the guidelines do not recommend routine screening for folate deficiency. It is unclear if the patient has been previously tested and diagnosed with folate deficiency. The documents did not discuss the indication for folic acid testing at this time. The subjective and objective findings that are consistent with folate deficiency should be discussed in detail. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.