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| Case Number: | CM14-0121387 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/18/2007 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 06/28/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 4/18/2007. She was diagnosed with neck pain, thoracic strain, cervical strain, depression, lumbago, radiculitis, myalgia/myositis, fibromyalgia, and postconcussive syndrome. She was treated with muscle relaxants, opioids, anti-epileptic medications, benzodiazepines, NSAIDs, physical therapy, and acupuncture (which she felt did not help her). On 6/11/14, she was seen by her treating pain management physician complaining of neck pain/spasm with neck tingling, back pain with tingling, and bilateral arm pain with tingling. She reported taking Xanax, Lyrica, Neurontin, tramadol, and Soma. Physical examination revealed trapezius tenderness, limited range of motion of the neck, positive Spurling sign bilaterally, weakness of both arms, but with normal sensation and deep tendon reflexes throughout. She was then recommended a trigger point injection of the trapezius muscle, acupuncture of the neck and back, consultation with a pain psychologist, aquatic therapy, continuation of her medications, and blood work (LFTs, CBC, BUN/Cr) to evaluate her stomach upset and liver upset and other organ upset due to the chronic medication she is having.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture Sessions (unspecified location): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation or surgical intervention. It may be recommended initially 3-6 sessions (enough to determine if it is improving the patient functionally), then followed by 1-3 times per week, with an optimum duration of 1-2 months. They may be extended beyond this if there is evidence found for functional improvement. In the case of this worker, she had utilized acupuncture in the past for her chronic pain and admitted, according to the notes provided for review, that the acupuncture did not help her in the past. Therefore, there is no reason to attempt acupuncture again and is not medically necessary.

12 Aquatic Therapy Sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, pp. 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Aquatic therapy.

Decision rationale: The MTUS Chronic Pain Guidelines state that exercise is recommended unless contraindicated, and should emphasize education and independence. Aquatic exercise in warm water has been shown to be effective and highly recommended in patients with fibromyalgia. In the case of this worker, she has the diagnosis of fibromyalgia and would benefit from aquatic therapy, therefore it is medically necessary.

Labs: CBC, BUN/CR, and Liver Function Tests: Upheld

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 Soma, Tramadol (opioids), benzodiazepines, Antiepileptics.

Decision rationale: The MTUS Chronic Pain Guidelines do not discuss in detail any recommendations for routine blood work for workers with chronic pain. However, some medications may warrant focused blood work, but only in settings where clinical findings also warrant this. For routine blood work without any other risk factors or clinical findings suggesting a problem, blood testing does not add anything to the treatment plan. None of medications that the worker in this case was regularly taking require any routine testing based on the MTUS Guidelines or any other guidelines. The physician requesting these tests needs to be more specific in the request, explaining why clinically the testing might have been helpful, but there was no such evidence brought forth in the documents available for review. Therefore, the LFTs, CBC, and BUN/Cr are not medically necessary.