

Case Number:	CM14-0039060		
Date Assigned:	06/27/2014	Date of Injury:	10/22/2001
Decision Date:	08/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 67 year old female with a date of injury of 10/22/2001. The listed diagnoses per [REDACTED] are Lumbar spondylolisthesis; Right shoulder impingement syndrome; cervical sprain/strain. According to progress report dated 12/30/2013 by [REDACTED], the patient presents with a flareup in her low back and lower extremity pain. She states that her neck pain is significantly severe and the pain goes into both shoulders and forearms. She is taking medications which are helping alleviate her pain and is currently not receiving any form of therapy. Physical examination of the cervical spine revealed spasm and tenderness in the paracervical musculature. Suboccipital tenderness is noted. Foraminal compression test is negative. Examination of the lumbar spine revealed spasm and tenderness over the paralumbar musculature. There is pain on motion. Sciatic stretch is positive and straight leg raise is negative. For the patient's flareup of her neck and low back pain, the treater is recommending 8 visits of acupuncture therapy, Cartivisc 500/200/100 mg #90, and vitamin B12 #90. A utilization review denied the request on 03/18/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one to two (1-2) times a week for four (4) weeks: Upheld

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

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

http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc.

Decision rationale: The MTUS Acupuncture Guidelines recommends acupuncture for pain, suffering, and the restoration of pain. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Acupuncture treatments can be extended if functional improvement is documented. The medical file provide for review includes 2 progress reports. Both of these reports do not discuss any prior acupuncture treatments. It appears the treater is recommending an initial trial. In this case, given the patient's continued pain, a short course of 3 to 6 treatments may be indicated; however, the treater is requesting an initial 8 sessions which exceeds what is recommended by the MTUS Acupuncture Guidelines. As such, the request is not medically necessary and appropriate.

Cartivisc 500/200/150mg; one (1) q8hrs (every 8 hours) #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Glucosamine/Chondroitin (for knee arthritis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: For glucosamine, the MTUS Chronic Pain Guidelines page 50 has the following, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS), on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride." In this case, medical records do not document any arthritic knee conditions. The patient has chronic neck and low back pain. As such, the request is not medically necessary and appropriate.

Vitamin B-12; one (1) QD (hourly) #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B-12.

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: AETNA Clinical Policy Bulletin: Vitamin B-12 Therapy.

Decision rationale: The medical records provided for review includes 2 progress reports. Neither of these reports provides a discussion regarding this medication or the rationale for the

request. The AETNA Guidelines discuss vitamin B12 therapy for medical conditions and considers it for anemia, GI disorders, neuropathy due to malnutrition/alcoholism/pernicious anemia/posterolateral scoliosis. In this case, based on current evidence, it does not appear that vitamin B12 is supported for chronic pain. As such, the request is not medically necessary and appropriate.