MAXIMUS Federal Services

Case Number:	CM14-0089828		
Date Assigned:	07/23/2014	Date of Injury:	04/08/2005
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50-year-old individual was reportedly injured on 4/8/2005. The mechanism of injury was not listed. The most recent progress note, dated 4/24/2014, indicated that there were ongoing complaints of hemorrhoids, acid reflux, irritable bowel syndrome, diarrhea, constipation, right lower quadrant abdominal pain, cramping, and nausea. The physical examination demonstrated lungs clear to auscultation. Cardiovascular was regular rate and rhythm. Abdomen was soft with normal bowel sounds, 3+ diffuse tenderness to palpation, positive guarding, and right lower quadrant pain diffuse. No recent diagnostic studies are available for review. Previous treatment included injections, bracing, medications, and conservative treatment. A request had been made for pain management consultation, home health aide 2 days a week for home exercises, Cymbalta 60 mg #30, and acupuncture 2 times a week for 4 weeks of the cervical and lumbar spine and was not certified in the pre-authorization process on 5/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Chapter 7 Page 127, Official Disability Guidelines, Pain: Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),â¿¯ ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM guidelines support referral to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review, of the available medical records, fails to describe the significance of the patient's pain, as well as what conservative treatment measures the patient has failed. As such, this request is not considered medically necessary.

Home aid two (2) days a week for home exercise, QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

Decision rationale: MTUS guidelines support home health services for medical treatment, for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care and is given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Review, of the available medical records, medical records fails to document the patient is homebound in any part-time or intermittent basis. Therefore, the request is not supported by the treatment guidelines and is not considered medically necessary.

Cymbalta 60mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105 of 127.

Decision rationale: MTUS guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if tricyclic anti-depressants are ineffective, poorly tolerated or contraindicated. Review, of the available medical records, fails to the document any type of neuropathic pain. Therefore, this request is deemed not medically necessary.

Acupuncture two (2) times a week for four (4) weeks for the Cervical and Lumbar Spine, QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's multiple diagnoses, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.