MAXIMUS Federal Services

Case Number:	CM14-0098915		
Date Assigned:	07/28/2014	Date of Injury:	05/22/1998
Decision Date:	09/23/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Ohio. 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 has a date of injury of May 22 of 1998. She has been diagnosed with thoracic outlet syndrome bilaterally, bilateral carpal tunnel syndrome, thoracic spine strain, sleep apnea, depression, and chronic regional pain syndrome. The injured worker follows with a number of medical professionals including orthopedics for her wrist complaints, vascular surgery and neurology for the thoracic outlet syndrome, pain management, and an undisclosed primary treatment provider. The injured worker has had numerous interventions including neurologic blocks of the stellate ganglia, brachial plexus and Botulinum toxin chemo denervation of the neck and shoulder. She has had bilateral carpal tunnel surgery, twice on the right side, the last being February 24 of 2014. She has had bilateral surgeries for thoracic outlet syndrome. Currently, the main issues are that of continued right-sided neck pain radiating down the right arm. It is felt that she has recurrent right-sided thoracic outlet syndrome and it has been proposed that she have a neurologic scalene block combined with a scalene muscle removal and possibly removal of the right-sided pectoralis minor muscle. Secondly, she has a recurrence of her right sided hand and wrist pain and weakness has been referred back to orthopedics. Lastly, she has been having pain in the upper thoracic region, possibly as a result of lying on a surgical table awkwardly in August 2013. The physical exam reveals true point tenderness the cervical spinal musculature, the trapezius muscle grouping bilaterally and others diminish sensation of the brachial pulse and the left with elevation of the arm. Her upper extremity sensory and motor exams were thought to be to be normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times Twelve (12), Cervical Spine, Thoracic Spine, Left Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Now and Upper Back Section, Acupuncture Guidelines).

Decision rationale: The use of acupuncture is under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The ODG recommends an initial trial of 3-4 acupuncture visits over 2 weeks. In this instance, the request for acupuncture is for 12 visits which clearly exceed recommended guidelines for initial acupuncture trial. There is no submitted documentation to state that this would be a continuation of acupuncture. As such, the request is not medically necessary and appropriate.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7, Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section office visits for Pain Management.

Decision rationale: Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this instance, the injured worker is using a synthetic opioid for pain control and taking a controlled substance for sleep. She has been seeing the pain management physician every 3 to 6 months it appears which is a perfectly appropriate interval for a chronic pain patient at low risk for prescription misuse or diversion. Therefore, pain management consultation is felt to be medically necessary.

Neurology Consultation, Follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7, Consultations; Official Disability Guidelines (ODG): Pain Chapter-Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, Office Visits.

Decision rationale: Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this instance, the neurologist has requested authorization for a scalene region block. At the time of this review, that authorization has not been granted. Therefore, there seems to be no additional reason for neurology intervention at this time. Thus, neurology consultation follow-up is medically unnecessary until such time as there is approval for a scalene region block.

Orthopedist, Wrist Follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7, Consultations; Official Disability Guidelines (ODG): Pain Chapter-Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, Office Visits.

Decision rationale: Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this instance, the injured worker had a second carpal tunnel surgery in February 2014. However in July 2014 she related to the agreed medical examiner that her wrist pain is back and that she is dropping items. Therefore, it seems medically necessary to follow up with orthopedics.

Vascular Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7, Consultations; Official Disability Guidelines (ODG): Pain Chapter-Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, Office Visits.

Decision rationale: Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this instance, a request for a repeat angiogram and possible angioplasty of the right-sided neck vessels is pending. The most recent note from the vascular surgeon indicates that the clinical exam shows rather dire urgency for intervention. Therefore, it seems medically necessary to monitor an urgent vascular situation while awaiting approval for the repeat angiogram/angioplasty of the right-sided neck vessels.