MAXIMUS Federal Services

Case Number:	CM14-0189305		
Date Assigned:	11/20/2014	Date of Injury:	09/14/2010
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 61-year-old female with date of injury of 09/14/2010. The listed diagnoses from 08/07/2014 are multilevel disk herniations of the cervical spine with mild to moderate canal stenosis and status post carpal tunnel surgery, right side, from 11/26/2013. According to this report, the patient complains of neck pain that she rates 7 to 8/10. The patient also complains of shoulder and thumb pain. The patient has received 3 sessions of acupuncture which provided her good relief. She states that she last worked on 08/08/2013. The patient reports occasional pain radiating down the left arm with numbness in her left hand. The patient reports right shoulder pain at a rate of 6 to 7/10 and bilateral wrist pain with numbness in the right thumb. She notes occasional sharp pains in her elbows. The examination shows range of motion in the cervical spine is limited in all planes and limited by pain. Sensation is decreased to light touch in the left C6 and C7 dermatomes. Wrist extensor and wrist flexors are 4+/5 on the left. The provider references an MRI of the cervical spine from 12/12/2013 that showed degenerative disk disease with retrolisthesis. The documents include chiropractic and acupuncture therapy reports from 03/19/2014 to 05/27/2014 and progress reports from 04/25/2014 to 09/12/2014. The utilization review denied the request on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

Decision rationale: The provider is requesting Ketoprofen Cream 20%. The MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, page 111 states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, MTUS states, "Ketoprofen: this agent is not currently FDA approved for a topical application." Therefore, this request is not medically necessary.

Acupuncture, twice per week for six 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 Page(s): 13.

Decision rationale: The provider is requesting acupuncture twice per week for six weeks. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records show an acupuncture therapy report visit #3 from 05/27/2014. In this report, the patient mentions that the mobility of her neck is a "little better with acupuncture." There is palpable tenderness over the cervical paraspinal muscles. The 06/10/2014 progress report shows that the patient continues to complain of pain and numbness in her hands which is much worse on the right than the left. Tinel's sign is positive at the right carpal tunnel and negative on the left. Phalen's test is positive on the right. Grip strength is diminished. The 06/19/2014 report shows that the patient has received 3 sessions of acupuncture with "good relief." Upper extremity sensation is decreased to light touch in the left C6 and C7 dermatomes. In this case, while the patient reports benefit while utilizing acupuncture, MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given the lack of noted functional improvement while utilizing acupuncture, the requested 12 sessions are not medically necessary.

Rheumatology Consultation with Rheumatology Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent medical examination and consultations, Chapter 7 page 127

Decision rationale: The provider is requesting a rheumatology consultation with a rheumatology specialist. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the pain and course of care may benefit from additional expertise. The 08/07/2014 report notes, "I recommend she proceed with authorized rheumatology consultation." Aside from this statement, the provider does not discuss the rationale behind the request. However, given the patient's chronic pain, a consultation with the rheumatologist is reasonable to rule out other pathology. Therefore, this request is medically necessary.

Follow-Up with Ortho for Upper Extremities Complaints: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th Edition (web), 2014, Pain Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This patient presents with neck, bilateral shoulder, and bilateral wrist and hand pain. The provider is requesting a follow-up for upper extremity complaints. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. Given that follow-up evaluations are supported by the ACOEM Guidelines, the request is reasonable. Therefore, this request is medically necessary.

Follow-Up with Ortho for Bilateral Wrists: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th Edition (web), 2014, Pain Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This patient presents with neck, bilateral shoulder, and bilateral wrist and hand pain. The provider is requesting a follow-up with ortho for bilateral wrists. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. Given that ACOEM Guidelines support follow-up evaluations with a specialist given the patient's persistent symptoms, this request is medically necessary.