MAXIMUS Federal Services

Case Number:	CM14-0197027		
Date Assigned:	12/05/2014	Date of Injury:	04/29/2013
Decision Date:	02/04/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine, 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:

This is a 41 year old male with a work related injury date of 04/29/2013. An internal medicine visit dated 05/16/2014 revealed the patient presenting for follow up secondary to hypertension, headaches and sinusitis and noted diagnosed with hypertension, cephalgia and possible rhinosinositis pending a 2D echocardiogram. There were three radiography trigger points impedance studies performed ranging from 05/05/201, 05/12/2014 and 05/22/2014; all of which revealed extremely small sized nerve endings that prevented identification. There were four primary physician office visits provided for review which ranged from 06/13/2014 through 10/17/2014. The patient was diagnosed with cervical, thoracic and lumbar pain, prescribed medications, acupuncture and modified work duties. Lastly, an acupuncture visit dated 10/21/2014 described the patient with complaint of frequent cervical and lumbar pain that increased with bending, lifting and pulling and objective findings showed the patient unable to ambulate for more than 30 minutes and was diagnosed with mid back pain continue with acupuncture. A request for services was dated 10/28/2014 asking for acupuncture three times a week for four weeks treating the cervical, thoracic and lumbar spine; a neurosurgeon consultation and medications Cyclobenzaprine and Omeprazole. The Utilization Review denied the request on 11/03/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 to the cervical, thoracic & lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the up to 58 visits of acupuncture previously authorized. Acupuncture 3 x 4 to the cervical, thoracic & lumbar spine is not medically necessary.

Neurosurgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Chapter 7, Independent Medical Examinations and Consultations, Page 132

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options.The medical record lacks sufficient documentation and does not support a referral request. Neurosurgeon consultation is not medically necessary.

Cyclobenzaprine 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID.There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #30 is not medically necessary.