MAXIMUS Federal Services

Case Number:	CM14-0020023		
Date Assigned:	04/28/2014	Date of Injury:	07/24/2002
Decision Date:	02/25/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 64 year old female who got injured on 7/4/2002. The mechanism of injury is not described in the medical records that are available to me. Her diagnoses include, jaw pain, neck pain, low back pain, major depressive disorder, insomnia, psychological factors affecting medical condition. On 9/30/2013 She had a follow up office visit with psychiatry her main complaints were pain in her jaw, right knee, she could not eat and had a flare up of back pain which stopped her from doing a lot of things and she was emotional. Her objective testing was only psychological. On 12/12/2013 She followed up with occupational medcine complaining of increased right knee and low back pain. Her physical exam revealed neck tendernesss, limited range of motion, positive head compression test, lumbar spine tenderness, guarding, limited range of motion and positive straight leg raise bilaterally, right knee prepatella bursitis with swelling, positive McMurrays sign and patellofemoral crepitus. She has had several sessions of accupuncture. The request is for accupuncture 2 times a week for 6 weeks, MRI of the right knee, APPTRIM unspecified, transdermal medication unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, Accupunture is used as an option when pain medication is reduced or not tolerated, it may also be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. It is used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patinet andreduce muscle spasm. Accupuncture can be used with or without electrical stimulation. The guideline recommends time to produce functional improvement 3 to 6 treatments, frequency 1 to 2 times per week, optimum duration of 1 to 2 months. Accupuncture treatments may be extended if functional improvement is documented. However a review of the injured workers medical records did not reveal any documentation of improved functioning with the initial series of acupuncture received. Based on the injured workers clinical picture and the guidelines the request for acupuncture 2 times a week for six weeks is not medically necessary in the injured worker.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

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

Decision rationale: Per the MTUS, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems resolve quickly once any red flag issues are ruled out. Imaging studies may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was there before. A review of the injured workers available medical records show that she has had a prior MRI that revealed chondromalacia, however there is no documentation of increasing knee problems or red flags, there is also no documentation of active conservative care including physical therapy, based on the injured workers clinical picture and the guidelines a request for MRI of the knee is not medically necessary at this time.

APPTRIM (NO SPECIFICS PROVIDED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OMFS (Official Medical Fee Schedule) page 7, Under Dietary Supplements

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

Decision rationale: The MTUS did not specifically address the use of medical food and therefore other guidelines were consulted. Apptrim is a medical food usually used for obesity. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as "a food which is formulated to be consumed or administered enteral under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Based on this guideline the request for Apptrim is not medically necessary.

Transdermal medications (type not provided): Upheld

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

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

Decision rationale: Per the MTUS topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per the MTUS any compounded product that contains at least one drug class that is not recommended is not recommended. A review of the injured workers medical records that were available to me failed to reveal a specific transdermal medication being requested, there was also no documentation of a trial of antidepressants and anticonvulsants. Therefore based on the guideline the request for unspecified transdermal medication is not medically necessary.