MAXIMUS Federal Services

Case Number:	CM15-0014734		
Date Assigned:	02/20/2015	Date of Injury:	03/09/2011
Decision Date:	05/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female, who sustained an industrial injury on March 9, 2011. The diagnoses have included dizziness, shoulder pain with internal derangement, cervical spine radiculopathy, thoracic spine pain, lumbar spine radiculopathy, sleep disturbances, and cognitive problems. Treatment to date has included medications, physical therapy, occipital block, shoulder and neck injections, and imaging studies. A progress note dated November 4, 2014 indicates a chief complaint of continued headaches that are improving, vertigo and lower back pain. Physical examination showed memory issues, slight weakness of the right hand grip, decreased sensation of the bilateral arms and legs; limping, bilateral shoulder tenderness left greater than right, and cervical and lumbar spine tenderness. The treating physician is requesting acupuncture three times each week for one month, interferential unit, functional capacity evaluation, a second opinion with neurological spine surgeon, anatomical rating, internal medicine consultation, cognitive study, and prescriptions for Cyclobenzaprine/Gabapentin cream, Flurbiprofen cream, and Tramadol cream. A Request for Authorization Form was submitted on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 3 times a week for 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for acupuncture treatment 3 times per week for 1 month exceeds guideline recommendations. The request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. In this case there was no documentation of a failure to respond to conservative treatment to include TENS therapy. There was also no documentation of a successful 1-month trial prior to the request for a unit purchase. Given the above, the request is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations Chapter 7, Official Disability Guidelines (ODG), Fitness for Duty, FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 16 Eye Chapter Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if complex issues have hampered case management and the timing is

appropriate. In this case, the injured worker continues to report persistent pain, difficulty-performing activities of daily living, and insomnia. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. There is also no documentation of any previous unsuccessful return to work attempts. As such, the request is not medically necessary at this time.

Second opinion with neurological spine surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, it is unclear as to why the injured worker requires a second opinion from a separate neurosurgeon. The injured worker is not indicated to have exhausted conservative treatment with the current provider. The medical necessity for a neurosurgeon consultation has not been established in this case. Therefore, the request is not medically necessary.

Retro Cyclobenzaprine 10%/Gabapentin 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended for topical use. Gabapentin is also not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Retro Flurbiprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Retrospective Tramadol 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure of first line oral medication prior to initiation of a topical analgesic. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Anatomical rating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Neuropsychological testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the medical rationale for an anatomical rating has not been established. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. As the medical necessity has not been established, the request is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The medical rationale for an internal medicine consultation was not provided. There is no documentation of a failure of treatment to warrant additional expertise. As the medical necessity has not been established, the request is not medically necessary.

Cognitive study: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there was no documentation of a severe or traumatic head injury. The medical necessity for cognitive testing has not been established. The specific type of cognitive study was not listed in the request. Given the above, the request is not medically necessary.