

Case Number:	CM15-0136116		
Date Assigned:	07/30/2015	Date of Injury:	08/05/2014
Decision Date:	10/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 67-year-old female sustained an industrial injury on 8-05-14. She subsequently reported neck, upper extremity and knee pain. Diagnoses include cervical spondylosis. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck pain and headaches. Upon examination, there was tenderness to palpation of the cervical, thoracic and lumbar spine and bilateral trapezius muscles. Sensory exam reveals diminished sensation involving the left arm and hand as well as the left lateral aspect of the knee down to the entire foot. A request for Outpatient day program to include Cognitive and Speech, Occupational and Physical Therapy (Months) Quantity: 3, Acupuncture (Frequency/duration unspecified), Lab: CBC, Lab: CMP, Lab: Thyroid function, Lab: Vitamin B12/Folate, Lab: Vitamin D, Lab: HgbA1c, Lab: Prealbumin and Lab: Vitamin B6 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient day program to include Cognitive and Speech, Occupational and Physical Therapy (Months) Quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this treatment program for this patient. The California MTUS guidelines state that a "if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered." This patient has not had an evaluation for a multidisciplinary treatment program. Prior to her referral, she requires an evaluation per MTUS guidelines. Therefore, based on the submitted medical documentation, the request for Outpatient day program to include Cognitive and Speech, Occupational and Physical Therapy (3 Months) is not medically necessary.

Acupuncture (Frequency/duration unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for an unspecified frequency and duration. She has been diagnosed with a post-concussive syndrome. Based on MTUS guidelines, a trial of acupuncture is not clinically appropriate without specification of duration and frequency. Therefore, based on the submitted medical documentation, the request for acupuncture is not medically necessary.

Lab: CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." This patient has not been documented to have a history of prior acute blood loss anemia. The most recent clinic notes do not give an indication for why this test was ordered. Lab work must be performed with an indication. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.

Lab: CMP: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has not been documented to have a history of prior metabolic derangements. The most recent clinic notes do not give an indication for why this test was ordered. Lab work must be performed with an indication. Therefore, based on the submitted medical documentation, the request for CMP testing is not-medically necessary.

Lab: Thyroid function: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." Routine thyroid screening is not indicated without provocation. The patient's clinical records give no indication as to why this test was ordered. The patient does not have a history of uncontrolled thyroid disease. Therefore, based on the submitted medical documentation, the request for thyroid testing is not-medically necessary.

Lab: Vitamin B12/Folate: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Vitamin B12 testing for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." The medical records submitted do not indicate the reason for this lab test. The submitted medical documentation did not include any evidence of a clinical or serologic vitamin B12 deficiency. Therefore, based on the submitted medical documentation, the request for Vitamin B12 testing is not-medically necessary.

Lab: Vitamin D: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Vitamin D, 25-Hydroxy testing for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." The clinical records submitted do not support the fact that this patient has signs or symptoms of acute microcytic anemia indicative of vitamin D deficiency concerning for chronic kidney disease. The patient's most recent clinic records also do not indicate that she has suffered from skin conditions or excessive tiredness, which would indicate a vitamin D deficiency. Thus, there is no clear indication for why the test was ordered. Therefore, based on the submitted medical documentation, the request for Vitamin D, 25-Hydroxy testing is not-medically necessary.

Lab: HgbA1c: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." The medical records submitted do not indicate the reason for this lab test. Although this patient does have diabetes, the submitted medical documentation did not include any evidence of clinically uncontrolled diabetes mellitus that would require A1C testing at this time. Therefore, based on the submitted medical documentation, the request for hemoglobin A1C testing is not-medically necessary.

Lab: Prealbumin: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." The medical records submitted do not indicate the reason for this lab test. The submitted medical documentation did not include any evidence of a

clinical or serologic hypoalbuminemia. Therefore, based on the submitted medical documentation, the request for prealbumin testing is not-medically necessary.

Lab: Vitamin B6: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Vitamin B6 testing for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: "avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding." The medical records submitted do not indicate the reason for this lab test. The submitted medical documentation did not include any evidence of a clinical or serologic vitamin B6 deficiency. Therefore, based on the submitted medical documentation, the request for Vitamin B6 testing is not-medically necessary.