

Case Number:	CM15-0162110		
Date Assigned:	08/28/2015	Date of Injury:	04/22/2015
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 39 year old female, who sustained an industrial injury on April 22, 2015 while working as a deputy probation officer. The mechanism of injury was a slip and fall in the parking lot. The injured worker fell on her knees and then onto her right side. The injured worker sustained injuries to the neck, knees and wrist areas. The injured worker was noted to be pregnant at the time of injury and subsequently suffered a miscarriage in June of 2015. The diagnoses have included cervicothoracic strain, mild cervical degenerative changes, right shoulder strain with acromioclavicular joint strain, paresthesia of the bilateral upper extremities, lumbosacral strain, right hip trochanteric bursitis, psychiatric complaints and status-post miscarriage. Treatment and evaluation to date has included medications and radiological studies. The documentation dated July 23, 2015 supports the injured worker did not have any orthopedic treatment as of that date. The current work status was not identified. Current documentation dated July 23, 2015 notes that the injured worker reported neck, right shoulder, right hip and right thigh pain. Examination of the cervical spine revealed tenderness to palpation over the mid and lower cervical spine, upper thoracic spine, right paraspinal muscles and right trapezius muscles. A Spurling's test and foraminal compression test were negative bilaterally. Examination of the right shoulder revealed tenderness at the acromioclavicular joint. A Hawkin's test and Neer's test were positive. Lumbar spine examination revealed tenderness to palpation of the lower spine, right buttock, right posterior superior iliac spines and right greater trochanter. Range of motion was mildly decreased. A straight leg raise test was positive on the right. A FABER (flexion, abduction and external rotation) test was positive bilaterally. The injured worker was

noted to have emotional problems related to the miscarriage. The injured worker was noted to be seeing a gynecologist. The treating physician's plan of care included requests for six acupuncture sessions, a referral to an obstetrics -gynecological specialist (OB-GYN) for evaluation and treatment, a referral to a psychiatrist for evaluation and treatment and acetaminophen-codeine 200-30 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to psychiatrist for evaluation and treatment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that "psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." In this case the injured worker was noted to have had a miscarriage status-post the industrial injury. The injured worker was noted to be having emotional problems as a result of the miscarriage. The treating physician noted that the injured worker would benefit from a psychiatric evaluation and treatment. Therefore, the request for a referral to a psychiatrist for evaluation and treatment is medically necessary.

Six (6) sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical treatment guidelines state that acupuncture 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. It is the insertion and removal of filiform needles to stimulate acupuncture points. Needles may be inserted, manipulated and retained for a period of time. Acupuncture can be 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 patient and reduce muscle spasm. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement: 3 to 6 treatments, frequency: 1 to 3 times per week and optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the injured worker was noted to

have neck, shoulder, low back and right hip and thigh pain. The injured worker was noted to have a recent injury (April 22, 2015) and has not received conservative treatment up to this date. Acupuncture treatments are an option when medication is reduced or not tolerated. The documentation supports the injured worker is currently being treated with medications. There is lack of documentation as to the injured workers response to the medications and lack of documentation of functional benefit as a result of the medications. The request for acupuncture sessions # 6 is not medically necessary.

Refer to OB/GYN specialist for evaluation and treatment: 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, Chapter 7, Independent medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS / ACOEM referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The injured worker was noted to have had a miscarriage and referral to Ob/gyn is appropriate and medically necessary.

APAP/Codeine 200/30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Codeine.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends codeine as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. Common effects include CNS depression and hypotension. Drowsiness and constipation occur in greater than 10% of cases. Codeine should be used with caution in patients with a history of drug abuse. Tolerance as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. The Medical Treatment Utilization Schedule (MTUS) guidelines recommend a trial of other treatments including non-opioid medications prior to initiating opioid therapy. In this case, the injured worker was noted to have neck, shoulder, low back and right hip and thigh pain. The documentation supports the injured worker had failed the use of regular Tylenol and Advil for the pain. The injured worker was noted to be taking Naproxen (non-steroidal anti-inflammatory drug) without abdominal discomfort. There is lack of documentation as to the injured workers response to the trial of Naproxen. Therefore, the request for acetaminophen with codeine is not medically necessary.