

Case Number:	CM15-0200302		
Date Assigned:	10/16/2015	Date of Injury:	08/05/1998
Decision Date:	12/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 51 year old female injured worker suffered an industrial injury on 8-5-1998. The diagnoses included abdominal pain, acid reflux, constipation, blurred vision, fibromyalgia. On 6-2-2015 the provider reported increased pain in the wrist and hands and is now using a walker with a seat which had aggravated her upper extremities. She has lost about 20 pounds. Her headaches had increased and had bilateral knee pain. On 7-22-2015 the treating provider reported she continued to be on multiple medications. The amounts had decreased and she feels better and her thinking had improved. She had not had any physiotherapy or acupuncture or seen by an orthopedist. Her headaches were slightly improved. She had no seen by a GI specialist or a hand specialist. The right wrist more than left wrist was tender with right elbow tenderness. The left sacroiliac joint was very tender and left abdominal tenderness. Request for Authorization date was 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand & Elbow - acupuncture.

Decision rationale: ODG Acupuncture Guidelines recommend an initial trial of 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The request is not medically necessary as written as it is for greater than the initial trial period. Per ODG hand guidelines acupuncture is not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. Per ODG elbow guidelines acupuncture is recommended only for short-term treatment of lateral epicondyle pain. General ODG Acupuncture Guidelines indicate an initial trial of 3-4 visits over 2 weeks to ensure functional improvement with treatment. The documentation does not indicate that the IW had lateral epicondylitis. The request is not medically necessary and appropriate.

Twelve Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines for chronic pain recommends up to 10 visits over 4 weeks of physical therapy for chronic pain. Chronic Pain Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by restoring function improvement. The IW had been injured many years ago and history of physical therapy and response to any therapy received is not provided in the case file. Without the documentation the necessity of the request is not able to be determined. The request is deemed not medically necessary and appropriate.

MRI of bilateral wrist: 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); Forearm, Wrist & Hand Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI's (magnetic resonance imaging).

Decision rationale: Per ODG guidelines, MRI's are recommended as indicated. Indications for imaging are acute hand or wrist trauma, suspect acute distal radius fracture, suspect acute scaphoid fracture, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) and chronic wrist pain, suspect soft tissue tumor, or Kienbock's disease, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation states that a comparative MRI is requested due to worsening of symptoms yet note that IW had decreased the amount of her medications and feels better. The request is not medically necessary and appropriate.

Occipital nerve block/C2 ganglion block: 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 Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head & Neck, Greater occipital nerve block (GONB).

Decision rationale: Per ODG head guidelines, GONB is under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. Per the neck guidelines, occipital nerve block has little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate. As the greater occipital nerve block is considered investigational it is not the standard of care. The request is not medically necessary and appropriate.

Ophthalmology consult for diplopia: 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); Eye Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Overview of diplopia.

Decision rationale: Per uptodate.com, in the evaluation of diplopia the first rule is to determine if a single nerve is involved. Involvement of other nerves, even the opposite cranial nerve (eg, bilateral sixth nerve palsy), suggests a more serious underlying disorder and requires more extensive evaluation, including neuroimaging. The second question is whether there is a medical excuse for the problem. As an example, one is more likely to work up a young person with a sixth nerve palsy than an older person in his seventies. Signs of improvement over time almost always means the process is benign. Isolated fourth or sixth nerve palsies can be observed for a few weeks. More extensive work-up should be done if the palsy does not resolve or if other symptoms appear. The presence of severe headache of sudden onset demands an urgent evaluation for cerebral aneurysm. The documentation does not contain details as to the directionality of the diplopia, the duration of prior evaluation. Without the additional information the request is considered not medically necessary and appropriate.

Gastroenterologist consult for epigastric pain: 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); Pain procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Diagnostic approach to abdominal pain in adults.

Decision rationale: Per uptodate.com, chronic abdominal pain is a common complaint, and the vast majority of patients will have a functional disorder, most commonly the irritable bowel syndrome. Initial workup is therefore focused on differentiating benign functional illness from organic pathology. Initial diagnostic testing. The following laboratory measurements should be performed in most patients with chronic abdominal pain CBC with diff, BMP, Calcium, aminotransferases, alkaline phosphatase, and bilirubin, lipase, ferritin and anti-tissue transglutaminase. A complete blood count can reveal anemia or an elevated white blood cell count, and it will occasionally demonstrate elevated platelet counts that may be associated with iron deficiency or inflammation. A low ferritin suggests iron deficiency, which should raise the suspicion of celiac disease or inflammatory bowel disease. The above studies should be normal in patients with functional abdominal pain. The use of further invasive testing should be directed at ruling in or out specific diseases and not as a general screen. The IW has a history of constipation which is being treated with medication and gastritis pain on PPI and carafate. There is no notation of concerning symptomatology that would require further evaluation and referral to gastroenterology. The request is not medically necessary and appropriate.

Internal medicine consult: 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); Pain Procedure Summary online Version.

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

Decision rationale: Per ACOEM guidelines, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The IW is already seeing a Family Practice physician who would have a similar scope of practice as an Internal Medicine physician. There is no documentation of symptoms or diagnoses that would require another referral at this time. The request is not medically necessary and appropriate.

Orthopedic consult for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per ACOEM guidelines, with regards to the knee, referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The IW was injured many years ago and is currently under the treatment of a pain physician for her knee pain. There is no documentation that the IW had seen orthopedics in the many years of her treatment, without that documentation or significant concerns at the current time referral is not warranted. This request is not medically necessary.

Hand specialist consult for bilateral hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per ACOEM guidelines referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite modifications or have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. The IW had already undergone surgery for CTS, there was no further trauma and current increase in symptoms were increased due to using a walker. The request is not medically necessary and appropriate.

Pre - operative orders for occipital nerve block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.