

Case Number:	CM15-0047700		
Date Assigned:	03/19/2015	Date of Injury:	05/13/2011
Decision Date:	04/24/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/13/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on May 13, 2011. He has reported right wrist and elbow pain. Diagnoses have included wrist sprain and lateral epicondylitis. Treatment to date has included medications, hand therapy, right wrist surgeries, autologous blood injection, trigger point injections, bracing, trial of electro acupuncture, and imaging studies. A progress note dated February 11, 2015 indicates a chief complaint of right wrist and elbow pain. The treating physician documented a plan of care that included medications, continuation of electro acupuncture, and follow up in three weeks. The medical record noted that the injured worker obtained benefits from the trial of electro acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Lyrica (Unspecified dosage & quantity): 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's) Page(s): 19-20.

Decision rationale: The request is considered not medically necessary. Lyrica is FDA approved for the treatment of diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. The patient was not diagnosed with any of these conditions. The patient did not have documented radiculopathy and the dosage and quantity was not documented. Therefore, the request is considered not medically necessary.

16 Electronic Acupuncture Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is medically unnecessary as stated. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 16 sessions. The patient had improvement with the previous sessions but there needs to be documented objective improvement in function. Because of these reasons, the request is not medically necessary.