

Case Number:	CM15-0082726		
Date Assigned:	05/05/2015	Date of Injury:	04/01/1993
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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

Certification(s)/Specialty: Emergency 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 61-year-old female, who sustained an industrial injury on 04/01/1993. She reported complaints of severe headache and neck pain after a box hit her in the head. The injured worker is currently diagnosed as having headache and neck pain. Treatment and diagnostics to date has included a brain MRI, lumbar spine MRI, cervical spine MRI, Transcutaneous Electrical Nerve Stimulation Unit, acupuncture, physical therapy, chiropractic treatment, and medications. The injured worker has stated that acupuncture and chiropractic treatment in the past had no benefit. In a progress note dated 04/06/2015, the injured worker presented with complaints of headache, neck pain, and insomnia. Objective findings were unremarkable. The treating physician reported requesting authorization for a neurologist referral, trial of acupuncture, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurologist, body part(s) unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag conditions, Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Referral to a neurologist, body part(s) unspecified, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has severe headache and neck pain after a box hit her in the head. The treating physician did not adequately document the medical necessity for neither this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Referral to a neurologist, body part(s) unspecified is not medically necessary.

Acupuncture, twice weekly, body part(s) unspecified #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture, twice weekly, body part(s) unspecified #6, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has severe headache and neck pain after a box hit her in the head. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture, twice weekly, body part(s) unspecified #6 is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The requested Ambien 5mg #30 is not medically necessary. CA MTUS/ACOEM is silent on this issue. Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien), notes "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The

injured worker has severe headache and neck pain after a box hit her in the head. The treating physician has not documented the following: duration of treatment, detailed documentation of current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 5mg #30 is not medically necessary.