

Case Number:	CM15-0090349		
Date Assigned:	07/20/2015	Date of Injury:	05/13/2010
Decision Date:	08/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, back, and wrist pain reportedly associated with an industrial injury of May 13, 2010. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve requests for a Toradol-vitamin B complex injection, eight sessions of acupuncture, four sessions of manipulative therapy, and Ativan. Neurontin was conditionally denied. The claims administrator referenced an RFA form received on April 7, 2015 and an associated progress note of February 23, 2015 in its determination. The claims administrator contended that the applicant had had 14 previous acupuncture treatments and nine previous chiropractic visits, without significant benefit. The applicant's attorney subsequently appealed. On an RFA form dated February 23, 2015, Naprosyn, Ativan, Neurontin, manipulation, acupuncture, and the Toradol- vitamin B complex injection in question were endorsed. In an associated progress note of the same date, the applicant reported multifocal complaints of neck, upper back, low back, and leg pain with derivative complaints of depression, anxiety, insomnia, and dyspepsia. The applicant had received five sessions of physical therapy, nine sessions of manipulative therapy, and 14 sessions of acupuncture through this particular facility, it was acknowledged. The applicant was also using multimodality stimulator device of some kind, it was reported. Portions of the progress note appeared to have been truncated as a result of repetitive photocopying and faxing. In an earlier note dated February 9, 2015, it was acknowledged that the applicant was no longer working and had last worked in February 2014. In a December 17, 2014 progress note, it was acknowledged that the applicant was using a multimodality interferential stimulator device.

The applicant was status post earlier failed cervical spine surgery, it was reported. The applicant was kept off work, on total temporary disability. The applicant's medication list was not fully detailed or characterized on this or other office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg intramuscular injection and 1 Vitamin B complex intramuscular injection:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ketorolac (Toradol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines., 3rd ed., Chronic Pain, page 927, VITAMINS1. Recommendation: Vitamins for Chronic Pain, Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Strength of Evidence, Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a Toradol-vitamin B complex injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the chronic pain context in the absence of documented nutritional deficiencies or documented nutritional deficit states. Here, there was no evidence presented to support the proposition that the applicant had any kind of vitamin B complex deficiency. Since the vitamin B complex component of the injection was not indicated, the entire injection was not indicated. Therefore, the request was not medically necessary.

8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. The requesting provider acknowledged that the applicant had had at least eight sessions of acupuncture through his facility alone. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the applicant was off work, on total temporary disability, as of the date of the request. It did not appear, thus, that the applicant

profited in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of prior acupuncture. Therefore, the request was not medically necessary.

4 chiropractic sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: Similarly, the request for four sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability, as of the date additional chiropractic manipulative therapy was sought. Therefore, the request was not medically necessary.

Lorazepam 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for lorazepam (Ativan), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as lorazepam (Ativan) may be appropriate for "brief periods", here, however, the request for lorazepam was framed as a renewal or extension request for the same. Continued usage of Ativan, thus, ran counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.