

Case Number:	CM13-0038156		
Date Assigned:	12/18/2013	Date of Injury:	09/26/2009
Decision Date:	04/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 30 year-old male who was injured on 9/26/2009 when he accidentally cut his fingers with a table saw. He was diagnosed with a laceration of the left hand, 2nd, 3rd and 4th digits, and subsequent CRPS. He has been going through pain management at the [REDACTED]. According to the 7/11/13 report by [REDACTED], he had 4 sessions of acupuncture which helped his pain, although he still reports constant 10/10 pain and no reduction in medications. The plan was to increase Desipramine, and start Vitamin C, and schedule a stellate ganglion block. On 9/18/13, UR recommended non-certification for a request for 6 acupuncture sessions with 6-re-instructions; a prescription for Vitamin C, and vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six pain acupuncture sessions with six re-insertions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with 10/10 left hand pain as a result of a 2009 laceration to the 2nd, 3rd and 4th fingers and subsequent Complex Regional Pain Syndrome

(CRPS). The patient is reported to have completed four sessions of acupuncture, and the physician states "it helps" but did not specify how. The pain levels are still the highest possible at constant 10/10 ratio, and there is no reported functional improvement, or reduction in medications or dependency of continued medical treatment. There is no documented functional improvement per Medical Treatment Utilization Schedule definitions, so continued acupuncture without functional improvement is not in accordance with the Medical Treatment Utilization Schedule /Acupuncture treatment guidelines.

One prescription of Vitamin C 2000mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado division of workers compensation. Complex regional pain syndrome/ reflex sympathetic dystrophy: Medical Treatment Guidelines. Denver (CO): Colorado Division of Workers' Compensation: 2011 Dec 27. 107 p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Journal of Bone & Joint Surgery, Volume 89, Issue 7, July 1, 2007

Decision rationale: The patient presents with 10/10 left hand pain as a result of a 2009 laceration to the 2nd, 3rd and 4th fingers and subsequent Complex Regional Pain Syndrome (CRPS). Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) did not discuss Vitamin C for Complex Regional Pain Syndrome (CRPS). There was an article from the Journal of Bone and Joint Surgery that found Vitamin C helped prevent Complex Regional Pain Syndrome (CRPS) in patients with wrist fractures. So Vitamin C may be an option for this patient, however, the medical article stated the Vitamin C was recommended for 50 days. The request before me is for 3-months, which will exceed the article's recommendation. The requesting physician has not provided a rationale for the Vitamin C, and has not provided any evidence-based references.

One prescription of Vitamin D 500 IU: 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)

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

Decision rationale: The patient presents with 10/10 left hand pain as a result of a 2009 laceration to the 2nd, 3rd and 4th fingers and subsequent Complex Regional Pain Syndrome (CRPS). The physician recommended Vitamin D. Medical Treatment Utilization Schedule (MTUS) states Vitamin D is experimental, or "under study" as an isolated treatment for Pain, and states that a Vitamin D deficiency is not considered a work-related condition. The physician did not provide a rationale for the Vitamin D, and there were no lab studies provided that shows a

deficiency. The request is not in accordance with Official Disability Guidelines (ODG) guidelines.