

Case Number:	CM14-0212485		
Date Assigned:	12/30/2014	Date of Injury:	03/29/2004
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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: Physical Medicine & Rehabn

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 patient is a 63 year old female with an injury date of 03/29/04. The 07/24/14 progress report states that the patient presents with bilateral neck pain radiating into the bilateral upper extremities and headaches. The report does not state if the patient is working. Examination reveals right trapezius tenderness upon axial compression of the cervical spine with restricted cervical range of motion. Upper extremity sensation to light touch is diminished over the C5 and C6 dermatomes. The patient's diagnoses include: 1. Degeneration of cervical intervertebral disc 2. Cervical disc displacement 3. Cervical radiculitis 4. Anxiety disorder. She has received physical therapy and chiropractic treatment is requested. She has received X-Ray, MRI and EMG/NCS. The treatment plan lists the following medications: Cyanocobalamin solution, Flexeril, Norco, Lorazepam, Lyrica, Voltaren Gel, and Flector patch. The utilization review is dated 11/20/14. One progress report dated 07/24/14 is provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly VIT B12 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 (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, B vitamins Pain Chapter, Vitamin B.

Decision rationale: The patient presents with neck pain radiating to the bilateral upper extremities with headaches and anxiety. The current request is for Monthly VIT B12 injection per 07/29/14 report and 08/08/14 RFA. The MTUS does not discuss Chronic Fatigue syndrome. ODG, Mental Illness & Stress Chapter, B vitamins for depression, states, "Recommended as an option for special populations for long-term management of depression as an adjunct to antidepressant therapy, in particular if there is a deficiency." ODG, Pain Chapter, Vitamin B, states, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." The sole 07/24/14 report provided states the request is for treatment of chronic fatigue syndrome. ODG does not discuss Vitamin B for treatment of this condition, but does address it for treatment of depression and pain. In this case, the patient does have a diagnosis of anxiety; however, there is no discussion of depression. There is no documentation of a vitamin deficiency, and the treater does not state whether or not this injection helps the patient. ODG states the request is not recommended for pain. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

TENS Unit supplies (electropads), self adhesive electrodes times one: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with neck pain radiating to the bilateral upper extremities with headaches and anxiety. The current request is for TENS Unit supplies (electropads), self-adhesive electrodes times' one per 07/29/14 report and 08/08/14 RFA. The 07/24/14 report states this request is for 3 months' supply. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation)(p114-116) states, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. MTUS further states use is for neuropathic pain. The treater states the patient has had relief with a TENS unit; however, how the unit is used and the length of use if not stated. TENS is shown to be used as an adjunct to medications, physical therapy and requested chiropractic treatment. In this case, TENS is indicated for the neuropathic pain that is documented for this patient, and the report states that it is effective for the patient's pain. The request IS medically necessary.

Rheumatoid consult times one: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with neck pain radiating to the bilateral upper extremities with headaches and anxiety. The current request is for Rheumatoid consult times one per 07/29/14 report and 08/08/14 RFA. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The 07/24/14 report states, "Present Rheumatologist [REDACTED] is retiring." This treatment plan also notes that the patient is being referred for Internal medicine and Psych consults. In this case, only one report is provided and the patient's treatment history is limited. However, the treater documents ongoing care by a Rheumatologist and this continuing expertise appears reasonable and may help the physician with an appropriate course of care. The request IS medically necessary.