MAXIMUS Federal Services

Case Number:	CM15-0037659		
Date Assigned:	03/06/2015	Date of Injury:	08/12/2010
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 28 year old female who sustained an industrial injury on 8/12/10. The diagnoses have included syncopal episode, post spinal headaches, back pain, anxiety and depression with possible post-traumatic stress disorder, insomnia, persistent headaches, and cervicalgia. Treatment to date has included medications, psychiatric and psychological treatment. The documentation indicates that on the date of injury, the injured worker was working at her desk and then woke up in a hospital, and a coworker told her she had fainted. She was diagnosed with anxiety and stress and discharged the same day from the hospital, but her family took her to a different hospital where she was admitted for five days and had testing done. This testing included a lumbar puncture, and as a result of this procedure she developed severe migraine headaches which she has had off and on since that time. A progress note of 8/8/14 notes that pervious MRI and other imaging studies of the brain, neck and lumbar spine were requested, and that a new MRI of the brain and cervical spine was prescribed. Reports/results of these imaging studies were not submitted. On 1/12/15, the treating provider reported the injured worker complained of daily headaches, ringing in the left ear and right hand tremors. Examination showed mildly decreased lumbar range of motion. No neurological examination was documented at this visit. The treating provider noted diagnoses of new daily headache, headache, and cervicalgia. The treatment plan included MRI of the brain, decreased analgesic use, riboflavin, and laboratory studies. Work status was temporarily totally disabled. The documentation indicates that the injured worker is not working and last worked in about September 2010. A pain management report from 1/5/15 notes that she had been seen 8 or 9 months prior for

evaluation of chronic whole-body pain, and that her symptoms are little changed since she was last seen. She was referred by neurology for consideration of botox injections for chronic daily headaches. The injured worker reported headaches about 20 days a month which last all day and sometimes wake her up, and which are frequently associated with nausea and vomiting. The pain management consultant noted that the injured worker had seen several neurologists and had been on Topamax, maxalt, and Depakote without any relief. Weight was 220 lbs, height 66 inches, body mass index 36. Examination showed no loss of coordination, intact cranial nerves, tenderness over the frontal and maxillary areas bilaterally, tenderness in the parietal and occipital areas, and cervical paraspinous tenderness. On 1/30/15, Utilization Review (UR) non-certified requests for MRI of the brain with and without contrast, physical therapy 2 times a week for 4 weeks, riboflavin 400 mg, blood tests (CBC, BMP, LFT), weight management consult, and follow up for blood tests (CBC, BMP, LFT). UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain with and without contrast: 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), Head, MRI.

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

Decision rationale: The ODG states that magnetic resonance imaging (MRI) is superior to computed tomography (CT) for the detection of some intracranial pathology, except for bone injuries such as fractures. Neuroimaging is not recommended in patients who sustain concussion/mild traumatic brain injury beyond the emergency phase (72 hours post injury) except if the condition deteriorates or red flags are noted. The ODG states that the indications for MRI are: to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. This injured worker had a syncopal episode in 2010 and has had persistent headaches since that time. The physical examinations submitted did not describe any neurological deficits, there were no recent episodes of disturbed consciousness, and there was no evidence of any acute changes superimposed on prior trauma or disease. Prior MRI studies of the brain were mentioned but specific results were not discussed or provided. Due to lack of indication, the request for MRI of the brain is not medically necessary.

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The records do not contain a sufficient prescription from the treating physician, which must contain diagnosis, duration, frequency, and treatment modalities, at a minimum. Reliance on passive care is not recommended. The body part to be treated was not specified. The physical medication prescription is not sufficiently specific, and does not adequately focus on functional improvement. No functional goals were discussed. The injured worker was noted to be not working and had not worked since 2010. Per the MTUS chronic pain section, functional improvement is the goal rather than the elimination of pain. Physical medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Due to lack of sufficiently specific prescription, including the body part to be treated, treatment modalities, and goals, the request for physical therapy is not medically necessary.

Riboflavin 400mg: 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, Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: B vitamins and vitamin B complex.

Decision rationale: The ODG states that B vitamins and vitamin B complex are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or harmful. There was no documentation that this injured worker had vitamin deficiency. There was no diagnosis of neuropathy. The specific reason for prescription of riboflavin was not discussed. Due to lack of indication, the request for riboflavin is not medically necessary.

Blood tests (CBC, BMP, LFT): 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

Decision rationale: The ACOEM recommends evaluation for potentially life-threatening or other serious diseases that the history and physical examination may suggest, based on sound medical judgment, with avoidance of exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms as such searches are generally unrewarding. The treating physician provided no specific indications for the requested complete blood count (CBC), basic metabolic panel (BMP), and liver function tests (LFT). The possible indications for these laboratory tests are many. It is open to speculation as to what the indications might be in this case. The injured worker was seen for headaches and cervicalgia, with limited physical examination noted. There was no history or findings consistent with anemia or blood dyscrasia, electrolyte abnormalities, diabetes, or liver disease. Tests should not be performed without specific indications. Given the lack of specific indications presented in this case, and the unclear indications for the blood tests, the request for CBC, BMP, and LFT is not medically necessary.

Weight management consult: 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), Diabetes, Lifestyle (diet & exercise) modifications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Obesity in adults: Overview of management. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The documentation indicates that the injured worker had a body mass index of 36, which is consistent with obesity. The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a weight management consult is contingent upon more than just the presence of obesity. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's past weight, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. Absent these kinds of specific details and treatment plan, a request for a weight management consult lacks the necessary components to demonstrate medical necessity. As such, the request for weight management consult is not medically necessary.

Follow up for blood tests (CBC, BMP, LFT): 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), Low Back, Preoperative lab testing.

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

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The treating physician has provided a non-specific recommendation for follow up for blood tests, which does not specify any quantity or duration. An open-ended prescription of this sort is not medically necessary in the absence of a specific diagnosis and treatment plan. In addition, the associated blood tests (CBC, BMP, LFT) have been determined to be not medically necessary. For these reasons, the request for follow up for blood tests (CBC, BMP, LFT) is not medically necessary.