

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/25/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 2/6/2007
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004507

- 1) MAXIMUS Federal Services, Inc. has determined the request for Theramine, take 2 daily, #90 is not **medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture 3 times a week for 3 weeks, qty: 6 visits** is not **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **aqua therapy 2 times a week for 3 weeks, qty: 6 session** is not **medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for a 3 view X-ray of the left wrist is not **medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen is not **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Theramine, take 2 daily, #90 is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture 3 times a week for 3 weeks, qty: 6 visits** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **aqua therapy 2 times a week for 3 weeks, qty: 6 session** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the retrospective request for a 3 view X-ray of the left wrist is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 54-year-old female who reported a cumulative trauma injury on 02/06/2007 to her cervical spine, bilateral wrists, and lumbar spine. The clinical note dated 01/08/2013 reported the patient had reached maximum medical improvement. The clinical notes evidence the patient has presented for treatment of the following diagnoses: cervical disc syndrome, low back syndrome, right carpal tunnel syndrome, and hypertension. Treatment utilized to date includes multiple sessions of physical therapy and acupuncture, as well as epidural steroid injections and a medication regimen. The clinical note dated 06/03/2013 reports the patient was seen for follow-up under the care of Dr. [REDACTED] her chronic pain complaints. The provider reported the patient reports she has been utilizing fewer naproxen after acupuncture treatments. Range of motion of left wrist was 15 degrees dorsiflexion, 15 degrees palmar flexion, 10 degrees radial deviation, and 10 degrees ulnar deviation. Right wrist range of motion was noted to be at 50 degrees dorsiflexion, 30 degrees palmar flexion, 15 degrees radial deviation and 25 degrees ulnar deviation. The patient's motor strength was noted to be 5/5 throughout with the exception of the left wrist extension at

the radial, elbow extension at the ulnar and median, and finger abduction as well as abductor pollicis to the left. The provider documented authorization request for continued acupuncture treatments for the patient based on functional improvement, a referral for aquatic therapy in regards to the patient's cervical and lumbar spine as well as bilateral wrists, as well as Relafen 1 tab by mouth 2 times a day to reduce pain and inflammation, and Theramine 2 capsules by mouth q. day to reduce pain.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Theramine, take 2 daily, #90 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on ODG, Pain Chapter, Theramine.

Rationale for the Decision:

The current request previously received an adverse determination on 07/11/2013 due to a lack of support for this medication via current evidence based guidelines, as there is no high-quality peer reviewed literature that suggests the ingredients of Theramine are indicated. The ODG Guidelines indicate, "Until there are higher quality studies of the ingredients of Theramine, it remains not recommended." Furthermore, the clinical notes did not evidence the employee's reports of efficacy with the utilization of this medication for the pain complaints, as documented by a decrease in rate of pain on a VAS scale or increase in objective functionality. **The request for Theramine, take 2 daily, #90 is not medically necessary and appropriate.**

2) Regarding the request for acupuncture 3 times a week for 3 weeks, qty: 6 visits :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, and the MTUS Definitions, "Functional improvement", which are part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, pages 8-9, which is part of MTUS.

Rationale for the Decision:

The current request previously received an adverse determination on 07/11/2013 due to the medical records did not establish that previous sessions of acupuncture resulted in a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical exam, and a reduction in dependency on continued medical treatment. The employee subjectively reported decrease in rate of pain with the utilization of continued acupuncture; however, the employee presented reporting increased pain complaints with new administered prescriptions of medications for the pain complaints. Acupuncture Medical Treatment Guidelines indicate, "Acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical interventions to hasten functional recovery." The clinical notes lack documentation of how many sessions of acupuncture treatment the employee has utilized to date, in addition to lack of evidence of the clear efficacy of this intervention for the employee's pain. **The request for acupuncture 3 times a week for 3 weeks, qty: 6 visits are not medically necessary and appropriate.**

3) Regarding the request for aqua therapy 2 times a week for 3 weeks, qty: 6 session :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, and Physical Medicine, which are part of MTUS, and the Official Disability Guidelines (ODG), Carpel Tunnel Chapter, Physical Medicine, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page 22, which is a part of MTUS

Rationale for the Decision:

The current request previously received an adverse determination on 07/11/2013 as there was not a significant change in condition to the employee's chronic pain complaints to indicate a need for reinitiation into a formal therapy program. The Chronic Pain guidelines indicate, "Aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy." The clinical notes evidence the employee has utilized multiple sessions of physical therapy status post her work related injury. Furthermore, the employee has tested positive for bilateral carpal tunnel syndrome. As noted in the previous adverse determination, there is limited evidence demonstrating the effectiveness of therapies for carpal tunnel syndrome. At this point in the employee's treatment and utilization of an independent home exercise program would be indicated as the clinical notes lack lasting benefit from previous utilization of physical therapy interventions for this employee. **The request for aqua therapy 2 times a week for 3 weeks, qty: 6 session is not medically necessary and appropriate.**

4) Regarding the retrospective request for a 3 view X-ray of the left wrist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Radigraphs (X-rays), which is not apart of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Special Studies and Diagnostic and Treatment Considerations, pages 268-269, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination on 07/11/2013 due to a lack of documentation of a new mechanism of injury to support the rationale for X-rays of the employee's left wrist to rule out fracture. The clinical note evidenced physical exam of the employee on 06/03/2013 revealed a flare-up of the employee's left wrist pain; however, documentation of a significant change in condition or recurrent injury was not evidenced. The clinical notes did document that the employee has positive electrodiagnostic studies for bilateral carpal tunnel syndrome. The ACOEM Guidelines indicates, "Most patients improve quickly provided red flag conditions are ruled out." Without documentation evidencing recurrent injury or specific change of condition, the current request is not supported. **The retrospective request for 3 view X-ray of the left wrist is not medically necessary and appropriate.**

5) Regarding the request for urine drug screen :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids criteria for use, which is a part of MTUS, and the Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UTD) and Criteria for Use of Urine Drug Screen, which is not apart of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is a part of MTUS.

Rationale for the Decision:

The current request previously received an adverse determination on 07/11/2013 as the patient was not prescribed any opioid medication rendering rationale to monitor the patient's medication regimen. The employee, at the time, was utilizing Omeprazole and naproxen and was administered prescriptions for the utilization of Relafen, Theramine, and Omeprazole on 06/03/2013. Therefore, the request for a urine drug screen was noted to be non-necessary. The Chronic Pain guidelines indicate, "Drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs." Given that it is unclear when the employee last underwent a urine drug screen and the

documentation lacked evidence of the rationale for this intervention. **The request for urine drug screen is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.