
Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

8/5/1999

7/29/2013

CM13-0004555

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture treatment, amount and frequency/duration not specified is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the cervical spine is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **extracorporeal shock wave therapy (ESWT) for the shoulder is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **intramuscular injection of vitamin B-complex is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Ondansetron ODT 8mg #10 is not medically necessary and appropriate.**
- 6) 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 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **acupuncture treatment, amount and frequency/duration not specified is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the cervical spine is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **extracorporeal shock wave therapy (ESWT) for the shoulder is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **intramuscular injection of vitamin B-complex is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Ondansetron ODT 8mg #10 is not medically necessary and appropriate.**
- 6) 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:

This claimant is a 47-year-old female with complaints of pain. On 02/08/2013, a primary treating physician's initial orthopedic evaluation and treatment and request for authorization was submitted by [REDACTED], MD. This report indicates that claimant was seen for evaluation and treatment of neck, shoulders, and arm pain, along with fibromyalgia and jaw pain. She stated she was reaching to get a book from a high shelf at work when her low back gave out on her and she felt as if her pelvis dropped. She reported a difficult time moving and reported the injury to her supervisor. She stated lumbar x-rays were obtained and she had been treated at an industrial clinic for several months with medication and physical therapy.

She further described pain to her neck, shoulders, and arms during the course and scope of her treatment attributing this to repetitive typing, filing, faxing, and reviewing case files. She also reported developed fibromyalgia which she attributed to her prolonged pain. She also states that during the course of her treatment she had been diagnosed and treated for temporomandibular joint syndrome as well as fibromyalgia. Reports undergoing at least 3 shoulder surgeries followed by a possible fourth surgery in 2003. She had then reported 2 left surgeries and 2 right shoulder surgeries. She stated she has never returned to work after 12/13/2002. Her medications included Soma, Ativan, Norco, amoxicillin, "doxicillin", calcium, and multivitamins. The treatment plan at that time was to refer her for a trial of acupuncture therapy and she was given an intramuscular injection for pain relief. She was seen back in clinic on 04/22/2013 with follow up by [REDACTED], MD. It was noted that on examination of her shoulder, she had anterior shoulder capsular tenderness and pain on scapular retraction. She had tenderness to the cervical paraspinal muscles and had a mildly positive head compression sign. She had slightly decreased sensibility to the spine. Neurovascular status did reveal some diminution of sensation in a C6 distribution. She was given a vitamin B12 complex injection at that time. She returned to [REDACTED], MD on 05/31/2013. She still had tenderness to the cervical and paraspinal muscles and had a mildly positive head compression test. She had slight decreased sensibility of the spine and neurovascular status revealed some diminution of the sensation in the C6 distribution. On examination of her shoulder, she had some anterior shoulder capsular tenderness and there was pain on scapular retraction. She was given another vitamin B12 injection at that time.

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 acupuncture treatment, amount and frequency/duration not specified:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

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

Rationale for the Decision:

Acupuncture Medical Treatment Guidelines indicate acupuncture treatment may be 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 intervention to hasten functional recovery.” The submitted medical records failed to indicate this employee is currently undergoing physical therapy and do not indicate that the employee is currently undergoing surgery. The medical records also do not indicate a decrease in the use of pain medications. Additionally, the amount, frequency, and duration of the request are not specified. **The request for acupuncture treatment, amount and frequency/duration not specified is not medically necessary and appropriate.**

2) Regarding the request for MRI of the cervical spine:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational Environmental Medicine (ACOEM) 2nd Edition, (2004) neck chapter, pgs 177-179, which is part of the MTUS and Official Disability Guidelines (ODG) neck chapter, which is not part of MTUS.

Rationale for the Decision:

ACOEM guidelines indicate that the criteria for ordering imaging studies would include emergence of a red flag, physiologic evidence of a tissue insult or a neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification in the anatomy prior to an invasive procedure. In this case, records do not indicate this employee is currently being recommended for an invasive procedure and do not indicate failure to progress in a strengthening program intended to avoid surgery as physical therapy notes were not provided for this review. Medical records do not indicate failure of lesser measures. **The request for MRI of the cervical spine is not medically necessary and appropriate.**

3) Regarding the request for extracorporeal shock wave therapy (ESWT) for the shoulder:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his decision on the American College of Occupational Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Chapter, pgs 201-205, which are part of the MTUS.

Rationale for the Decision:

ACOEM guidelines indicate that there is “some medium quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder.” In this case, the medical records do not include imaging studies demonstrating this employee has calcifying tendinosis of the shoulder. The records indicate the employee has undergone two surgeries to both shoulders but continues to report some pain and discomfort. **The request for extracorporeal shock wave therapy (ESWT) for the shoulder is not medically necessary and appropriate.**

4) Regarding the request for intramuscular injection of vitamin B-complex:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), pain chapter, which is not part of MTUS.

Rationale for the Decision:

Official Disability Guidelines indicate that vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. The records do not indicate the efficacy of the previously given 2 vitamin B shots. The rationale for proceeding with a third vitamin B12 shot has not been demonstrated by the records and is not supported by guidelines. **The request for intramuscular Vitamin B Complex is not medically necessary and appropriate.**

5) Regarding the request for Ondansetron ODT 8mg #10:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Antiemetics (for opioid nausea), which is not part of MTUS.

Rationale for the Decision:

Official Disability Guidelines indicate this medication is “FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis.” Records do not indicate this employee currently has nausea or vomiting secondary to chemotherapy or radiation treatment nor does the employee have postoperative nausea or vomiting. The employee also does not demonstrate gastroenteritis by the medical records provided. The efficacy of the previously given ondansetron has not been demonstrated by the records. **The request for Ondansetron ODT 8mg #10 is not medically necessary and appropriate.**

6) Regarding the request for urine drug screen:

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

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 43, 78, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. CA MTUS also states the 4 A's should be reviewed and monitored for patients on opioid medications. This includes adverse side effects, analgesia, activities of daily living and aberrant drug taking behavior. Urine drug screen is supported by chronic pain guidelines for those patients who might show aberrant behavior while on opioids, or who have tested positive for illicit drugs while on opioids. The records submitted do not indicate current opioid usage and does not indicate illicit drug behavior and does not indicate a rationale for this request. **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

/pas

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.