
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 9/17/2003
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0009974

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

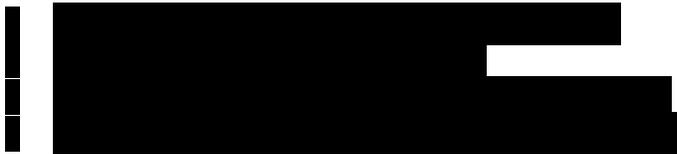
cc: Department of Industrial Relations,
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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.

DOCUMENTS REVIEWED

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



CLINICAL CASE SUMMARY

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

This is a 60-year-old female patient who reported a work-related injury on 09/17/2003. The patient had a right wrist carpal tunnel release surgery on 12/11/2012. The patient had a left elbow surgery with repair of common extensor tendon on 05/11/2012. The patient was seen on 01/09/2013 for increased pain in the left upper extremity over the elbow, forearm and the wrist. The patient was having continued pain in the right elbow, right forearm and the right wrist. The patient reported that the tingling and numbness in the bilateral hands had improved. The patient was using a TENS unit for pain control along with ibuprofen as needed and applying Lidoderm 5% patches. The patient was approved for 8 additional acupuncture sessions on 02/12/2013. The provider note on 03/28/2013 stated that the patient's condition had improved. She felt much better after each session and felt that the pain gradually came back. She was satisfied with the progress made, and the patient requested more treatments. The provider note on 07/30/2013 indicates that the patient continues to have pain in both upper extremities and is worse without the TENS unit. Examination demonstrated tenderness bilaterally to the elbows/forearms/wrists with mild swelling diffusely. The diagnoses was left elbow lateral epicondylitis and carpal tunnel syndrome.

IMR DECISION(S) AND RATIONALE(S)

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

1. 12 sessions of acupuncture is not medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines.

The Physician Reviewer's decision rationale: After review of the records, the request for 12 further sessions of acupuncture treatment is not medically necessary. The California MTUS

Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The California MTUS Guidelines define functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination and a reduction in the dependency on continued medical treatment. On 07/30/2013, the provider was requesting 8 to 12 acupuncture visits for arm/elbow/hand pain. The employee had 8 prior acupuncture sessions along with medication and TENS unit for pain management. The documents submitted for office visits on 07/30/2013 and 08/22/2013 did not address functional improvement for the requested extended acupuncture treatments. **The requested 12 additional acupuncture sessions are not medically necessary and appropriate.**

2. Prescription Lidoderm #30 with three refills is not medically necessary and appropriate.

The Claims Administrator based its decision on the Medical Treatment Utilization Schedule-Lidoderm, which is a part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Lidoderm and Lidocaine Indication, pages 56-57, 112, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

After review of the documents submitted, the request for Lidoderm patch #30 with 3 refills is not medically necessary. The California MTUS Guidelines recommend Lidoderm patches for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as tricyclic or SNRI antidepressants, or an AED, such as gabapentin or Lyrica. Further research is needed to recommend the Lidoderm patch for chronic neuropathic pain disorders other than postherpetic neuralgia. There was no documentation submitted that supported clinical evidence of a trial of first-line therapy, such as tricyclic or SNRI antidepressants, or an AED, such as gabapentin or Lyrica, that had been used. There was also no documentation to support signs and symptoms of postherpetic neuralgia. **The request for Lidoderm patch #30 with 3 refills is not medically necessary and appropriate.**

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.