

Case Number:	CM15-0126490		
Date Assigned:	07/16/2015	Date of Injury:	08/05/1998
Decision Date:	10/02/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 51-year-old female, who sustained an industrial injury on 08/05/1998. She has reported injury to the hands, upper extremity, neck, low back, and psyche. The diagnoses have included cervical strain with radiculopathy; right radial tunnel syndrome; right carpal tunnel syndrome; right cubital tunnel syndrome; low back pain; lumbosacral neuritis; lumbar degenerative disc disease; lumbar facet arthropathy; chronic headaches; fibromyalgia; and major depressive disorder. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, acupuncture, injections, lumbar traction, occipital blocks; physical therapy, and surgical intervention. Medications have included Hydrocodone/Acetaminophen, Cyclobenzaprine, Gabapentin, Sucralfate, Tramadol, Anaprox, Prozac, Prilosec, and transdermal compounds. A progress report from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of having had several episodes of severe abdominal pain; she was found to have urinary blood she underwent and upper GI evaluation and colonoscopy; she has lost twenty pounds; she stated that she is very forgetful; she has episodes of diplopia and left eye ptosis; she has increased lumbar pain, right shoulder pain, and right arm pain; she has increased neck pain; increased left more than right knee pain; increased right more than left hand pain; she feels unstable, has crying spells, is depressed, and has mood swings; and she has had difficulty with activities of daily living. Objective findings included severe occipital tenderness; slight left eye ptosis, but no facial weakness; extraocular movements are full and normal; she has no hemiparesis on exam; her left sacroiliac joint was very tender; left abdominal tenderness; and left

pectoral tenderness. The treatment plan has included the request for Botox injection; Cyclobenzaprine 7.5mg #60; hand specialist consult; physical therapy 3x4; acupuncture therapy 3x4; urine toxicology test; gastrointestinal consult; ophthalmology consult; and orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Online version.

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Botox. Guidelines state the following: An initial 12 week trial if all the following are met. Diagnosed with chronic migraine headaches, More than 15 days per month with headaches lasting 4 hours or longer, and not responded to at least three first line migraine medications. The patient does not currently meet criteria. According to the clinical documentation provided and current guidelines, Botox is not indicated as a medical necessity to the patient at this time.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine is not indicated a medical necessity to the patient at this time.

Hand specialist consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to the clinical documentation provided and current MTUS guidelines, Hand Specialist consultation is indicated as a medical necessity to the patient at this time.

Physical therapy 3x4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is indicated as a medical necessity to the patient at this time.

Acupuncture therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. There is no documentation that states the patient has not tolerated their medications or that this is going to be used as an adjunct to physical rehabilitation. There is no specific goal or body part listed with the request. The patient has tried Acupuncture previously with no objective documentation of functional improvement. According to the clinical documentation provided and current MTUS

guidelines; Acupuncture, as requested above, is not indicated as a medical necessity to the patient at this time.

Urine toxicology test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43, 76-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Urine Screen. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient is taking controlled substances. According to the clinical documentation provided and current MTUS guidelines; the urine drug screen, as requested, is indicated a medical necessity to the patient at this time.

Gastrointestinal consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is no current diagnosis of abdominal pain or GI complaints that would warrant a GI referral. According to the clinical documentation provided and current MTUS guidelines, GI Specialist consultation is not indicated as a medical necessity to the patient at this time.

Ophthalmology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is no current diagnosis of Eye complaints that would warrant a referral. According to the clinical documentation provided and current MTUS guidelines; Ophthalmology Specialist consultation is not indicated as a medical necessity to the patient at this time.

Orthopedic consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is current diagnosis of orthopedic concerns. According to the clinical documentation provided and current MTUS guidelines; Orthopedic Specialist consultation is indicated as a medical necessity to the patient at this time.