MAXIMUS Federal Services

Case Number:	CM13-0008214		
Date Assigned:	12/27/2013	Date of Injury:	04/04/2013
Decision Date:	02/10/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/07/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 5'7", 190 lbs, 50 year-old female Special Ed. Assistant who was injured on 4/4/13. She standing next to a basketball area on the playground and was struck in the head with a basketball, she felt dizzy, nauseous and vomited. The IMR application shows a dispute with the 7/15/13 utilization review decision. The 7/15/13 utilization review decision was not available, but the 7/12/13 utilization review from [redacted], appears to correlate with the items requested on this IMR physician review form. The 7/12/13 utilization review decision is for denial of the x-rays cervical, thoracic and right shoulder; denial of MRI for the brain, cervical spine, thoracic spine, and right shoulder; denial of FCE; and Bio Med plus supplies and cold therapy unit; and denial for the drug screen. The utilization review decision was based on the 6/11/13 report from [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays to thoracic, cervical and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-178, 207-209.

Decision rationale: The records show prior cervical x-rays being performed, and there is no reported traumatic mechanism of injury for the right shoulder, but the thoracic radiographs might be of value. The request is for x-rays to the cervical spine, thoracic spin and right shoulder. The records show the patient already had cervical x-rays on 4/5/13, negative for fracture. There was no subsequent trauma, and there was improvement reported with the PT. The 6/11/13 request for another cervical x-ray is not in accordance with ACOEM guidelines. The request as stated cannot be recommended

MRI to brain, cervical, thoracic and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-178, 207-209.

Decision rationale: The request is for an MRI for the brain, cervical spine, thoracic spine and right shoulder. It might be beneficial if the physician requests the brain MRI separate from the others, as it could potentially be indicated to rule out red-flags, but the cervical, thoracic and shoulder areas are less compelling. Regarding the cervical MRI, MTUS/ACOEM states: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist" The 5/28/13 initial evaluation and 6/11/13 follow-up evaluation by [redacted] did not mention any exam findings or subjective complaints that identify specific nerve compromise. The request for cervical MRI is not in accordance with MTUS/ACOEM guidelines. The 5/28/13 thoracic evaluation does not show any indication of radicular symptoms in a thoracic dermatomal pattern, and this would not be in accordance with MTUS/ACOEM guidelines.

Internal consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The records show the patient has a prior history of diabetes, hypertension and vertigo. The 4/4/13 report states the patient has prior history of vertigo/dizziness and was on meclizine 25mg at the time of the 4/4/13 injury. The initial report from [redacted] on 5/28/13 states the patient had vertigo a year ago but it resolved after a shot at the ER. The patient's reporting is not consistent in the file presented for IMR. ACOEM states a referral can be made

"when the plan or course of care may benefit from additional expertise". The internal medicine consult is in accordance with ACOEM guidelines.

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138.

Decision rationale: The California MTUS does not discuss functional capacity evaluations. The ACOEM Chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines

Bio-Med plus supplies and cold therapy unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The California MTUS/ACOEM and ODG do not discuss cryotherapy for the head injuries. The ACOEM for the neck and upper back states "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications" [redacted] states there is no proven difference between mechanical circulating cold therapy units, and passive hot and cold therapy. The request for the cold therapy unit is not in accordance with ACOEM and Aetna guidelines.

A drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43.

Decision rationale: The patient has not had a UDT and [redacted] states he dispensed analgesics. For drug testing, MTUS states:" Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The request appears to be in accordance with MTUS guidelines.