

Case Number:	CM13-0015931		
Date Assigned:	03/12/2014	Date of Injury:	08/05/1998
Decision Date:	05/15/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/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 injured worker is a 49 year-old female who reported an injury on 08/05/1998. The mechanism of injury was not stated. Current diagnoses include pain in the limb, cervical radiculitis, and thoracic or lumbosacral neuritis or radiculitis unspecified. The injured worker was evaluated on 11/12/2013. A review of medical records was completed at that time. The injured worker reported persistent pain with activity limitation. Physical examination revealed tenderness at the right greater than left elbow. Treatment recommendations included a second opinion consultation with a spine surgeon, a detoxification program, follow-up with psychology and psychiatry, authorization for right knee surgery, a home H-wave unit, Botox injections, physical therapy, acupuncture treatment and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 TIMES PER WEEK X 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state 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 intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for acupuncture treatment 3 times per week for 12 weeks greatly exceeds guideline recommendations. There is also no body part specified in the current request. Therefore, the request is non-certified.

PHYSICAL THERAPY 3 TIMES PER WEEK X 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC, NECK AND UPPER BACK

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 36 sessions of physical therapy greatly exceeds guideline recommendations. There is also no body part specified in the current request. As such, the request is non-certified.

AQUA THERAPY 1 TIME PER WEEK X 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. There was no comprehensive physical examination provided for review. Therefore, there is no indication that this injured worker requires reduced weight bearing as opposed to land-based physical therapy. As such, the request is non-certified.

BOTOX INJECTIONS LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, BOTULINUM TOXIN (BOTOX®).

Decision rationale: California MTUS Guidelines state Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. They are not recommended for tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Official Disability Guidelines state Botox injections are currently under study for low back pain. There was no comprehensive physical examination of the lumbar spine provided for review. As guidelines do not recommend Botox injections for chronic pain, the current request is not medically appropriate. As such, the request is non-certified.

BILATERAL SACROILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC, HIP AND PELVIC CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP & PELVIS CHAPTER, SACROILIAC JOINT BLOCK.

Decision rationale: Official Disability Guidelines state prior to a sacroiliac joint block, the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. There was no comprehensive physical examination provided for review. Therefore, there is no documentation of at least 3 positive examination findings. There is also no indication of a failure of at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. Therefore, the request is non-certified.

FACET BLOCKS NECK AND LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC, LOW BACK, NECK AND UPPER BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173, 301. Decision based on Non-MTUS Citation IN HARRIS J (ED), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, (2004), PAGE 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. California MTUS/ACOEM Practice Guidelines further state invasive techniques such as facet injections are of questionable merit with regard to the lumbar spine. There was no comprehensive physical examination provided for review. Therefore, there is no evidence of facet mediated pain. There was no imaging studies provided for review. Based on the aforementioned points, the current request is non-certified.

OCCIPITAL BLOCK FOR NECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC, NECK AND UPPER BACK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK CHAPTER, GREATER OCCIPITAL NERVE BLOCK, DIAGNOSTIC.

Decision rationale: Official Disability Guidelines state greater occipital nerve blocks are currently under study and have been recommended by several organizations for the diagnosis of occipital neuralgia and cervicogenic headaches. The injured worker does not maintain either of the above-mentioned diagnoses. There was no comprehensive physical examination of the cervical spine provided for review. Based on the aforementioned points, the request is non-certified.

IF UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. There was no comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. Guidelines further state, if the device is to be used, a 1 month trial should be initiated. There is no evidence of a successful 1 month trial with an interferential unit prior to the request for a purchase. As such, the request is non-certified.

SECOND OPINION WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC, PAIN PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There was no imaging studies provided for review. There is also no mention of an exhaustion of conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. As such, the request is non-certified.

ORTHOPEDIC CONSULT FOR KNEES AND SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC, PAIN PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There was no imaging studies provided for review. There is also no mention of an exhaustion of conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. As such, the request is non-certified.

PLASTIC SURGEON CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC, PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no comprehensive physical examination provided for review. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There was no imaging studies provided for review. There is also no mention of an exhaustion of conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. As such, the request is non-certified.

HOME CARE EXTENDED 6 HOURS PER DAY X 7 DAYS PER WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: California MTUS Guidelines home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. There was no comprehensive physical examination provided for review. Therefore, there is no indication that this injured worker is homebound. The current request for home care 6 hours per day, 7 days per week exceeds guideline recommendations. The specific type of services required was also not stated in the request. Based on the clinical information received, the request is non-certified.