

Case Number:	CM13-0021078		
Date Assigned:	10/11/2013	Date of Injury:	01/28/2004
Decision Date:	01/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 Pain Medicine and is licensed to practice in Oklahoma, Texas. 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 54 year old female who reported an injury on 01/28/2004. The mechanism of injury was not provided. Initial care was not specified, but there is indication of chiropractic care and physical therapy as late as 2013. She is also reported to have had an arthroscopic decompression in 2009 to the right shoulder. She continues to complain of pain in neck and bilateral shoulders that radiates to the bilateral upper extremities. An unofficial cervical MRI revealed degenerative disc disease with mild spinal canal stenosis and perineural cysts. An unofficial Electromyogram and Nerve Conduction Velocity (EMG/NCV) study showed no abnormal findings. She was determined to be permanent and stationary in 2009 with permanent work restrictions. The patient has not worked since the initial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS Guidelines did not address neurosurgical consultations, therefore, ACOEM was supplemented. According to ACOEM Guidelines, surgery is indicated for patients who exhibit severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of a specific nerve root or spinal cord dysfunction corroborated by imaging studies that did not respond to conservative therapy. In the records available for review, there was no objective evidence to suggest the patient had any decreased sensation in any dermatome, nor a motor function or strength deficit. There were also no abnormal findings from the EMG/NCV testing or objective findings of failed conservative care. Therefore, the request for a neurosurgical consultation is non-certified

consultation for Right Lateral Humeral Epicondylitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: California MTUS Guidelines did not address surgical considerations for lateral epicondylitis, therefore, ACOEM was supplemented. According to the ACOEM guidelines, surgery should only be considered for patients who failed a minimum of 6 months of care, to include at least 3-4 different types of conservative treatments. In the records provided for review, there was no evidence of any conservative care done for this diagnosis. Therefore, the request for a surgical consult for right lateral humeral epicondylitis is non-certified.

prescription for Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS and ACOEM Guidelines did not address the use of sleep aids in relation to chronic pain; therefore the Official Disability Guidelines were supplemented. According to ODG, sleep disturbances that do not resolve in 7-10 days may be psychological in nature, and should be treated with psychological measures. Guidelines also recommend that efficacy of the medication be documented, to include reduction in time to sleep onset, improvement in sleep maintenance, side effects, and next day functioning. There were no records provided for review to determine the efficacy of this medication, nor was there evidence of psychiatric care in the management of the patient's insomnia. As such, the request for Lunesta 3mg #30 is non-certified

requested prescription for Artificial Tear: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (2004), Eye Chapter), page (s) 416-417

Decision rationale: According to ACOEM Guidelines, eye tissues heal rapidly and should be monitored for 48-72 hours. If the problem is unspecific, it may be monitored for complications for a longer period of time. If the issue does not resolve within a reasonable time frame, then a referral to a specialist is indicated. There was no documentation of eye complaints to indicate the need for artificial tears, nor was there evidence of previous care provided. Therefore, the request for artificial tears is non-certified.

Unknown Physical Therapy Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, 8-10 sessions physical therapy is recommended for neuritis and radiculitis. Guidelines also state that the patients are expected to continue active therapies at home. There is mention of the patient receiving physical therapy as early as 2013, but no objective finding of its efficacy or duration were found in the records available for review. It is also noted that the patient was participating in a home exercise program as of 09/05/2013. Without information regarding the amount of previous physical therapy received or for what the physical therapy is intended, the request for an unspecified amount of physical therapy visits is non-certified.