

Case Number:	CM13-0027781		
Date Assigned:	11/22/2013	Date of Injury:	06/08/2011
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine 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 applicant is has filed a claim for chronic neck pain, possible carpal tunnel syndrome, and chronic low back pain reportedly associated with an industrial injury of June 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. A later progress note of November 11, 2013 is notable for comments that the applicant reports multifocal shoulder, arm, hand, finger, hip, thigh, and toe pain. The applicant is under the care of numerous physicians. The applicant is on Naprosyn, but reports heartburn with the same. The applicant is somewhat overweight with the BMI of 27. The applicant is asked to obtain x-rays of the lumbar and cervical spine. An earlier handwritten note of October 18, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. Finally, a September 24, 2013 note is notable for comments that the applicant is off of work, on total temporary disability. The applicant is reportedly unchanged. The applicant is asked to use a wrist brace. The applicant has ongoing neck pain, numbness, stiffness, headaches, elbow pain, wrist pain, hand pain, and associate paresthesias superimposed on issues of anxiety, stress, and disability. The applicant has gained weight. The applicant is on Mobic and Zantac, it is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Home interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one month trial of an interferential stimulator in those individuals in whom pain medications are not tolerated and/or are not efficacious, in this case, the attending provider seemingly requested this agent as purchase of the device without a one month trial. The file was surveyed. There is no specific mention of the treating provider and/or applicant's attorney requesting the interferential unit as a one month trial rental. While a one month trial rental could have been supported here, given the applicant's issues with heartburn, given the applicant's failure to return to work, and given the applicant's persistent symptoms despite having tried and failed physical therapy, medications, etc., the purchase of the proposed interferential stimulator cannot be supported without evidence of an intervening successful one month trial.

An x-ray of the cervical spine (5 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 8, cervical radiographs are most appropriate for applicants with acute trauma associated with midline vertebral tenderness, head injury, drug or acute intoxication, or neurologic compromise. In this case, however, the applicant is several years removed from the date of injury. There is no evidence of acute trauma associated with midline vertebral compromise, head injury, drug or alcohol intoxication, neurologic compromise, etc. It is unclear why five views of the cervical spine are being sought here. It is further noted that the applicant has had prior MRI imaging of the cervical spine in December 2011. It is unclear how plain films would influence or alter the treatment plan or clinical picture here.

An x-ray of the pelvis (1 AP view): 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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 3rd Edition, Hip and Groin Chapter.

Decision rationale: The MTUS does not address the topic of pelvic x-rays. As noted in the third edition ACOEM guidelines on the hip and groin, x-rays can be endorsed for evaluating acute, subacute, or chronic hip pain as well as for diagnosing suspected osteonecrosis. In this case, however, it is not clearly stated how or if applicant's pathology relates to the hip or pelvis. The bulk of informational thoughts suggest that the applicant carries diagnosis of neck pain, cervical radiculopathy, and carpal tunnel syndrome. The applicant has had issues related to low back at various points in time. However, multiple progress notes are surveyed, including those dated July 26, 2013, the date on which the applicant underwent x-rays of the pelvis. The attending provider did not reference any rationale for pursuit of the x-rays of the pelvis on July 26, 2013. There is no mention of tenderness about the pelvis. All of the applicant's tenderness was confined to the bilateral paravertebral musculature. No clear suspected diagnosis or differential diagnosis was provided along with the request for authorization, clinical progress note of July 26, 2013, or application for independent medical review. Therefore, the request is not certified owing to lack of supporting documentation and lack of a clear rationale for the test in question.

A prescription for NSAIDs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 2 on record keeping, an applicant's medical history should include clear documentation of medications. In this case, however, the attending provider did not clearly state which NSAID medications he intended for the applicant to take. Based on the survey of the file, it appears that the applicant may have been using the NSAIDs Naprosyn and meloxicam. This is far from soon, however. The July 24, 2013 progress notes which gave rise to the IMR dispute does not clearly detail which NSAID the applicant was taking. The November 11, 2013 note suggested that the applicant was using Naprosyn. A September 24, 2013 note suggested that the applicant was using meloxicam. Thus, it is not clear which NSAID was requested here. Since conditional certifications are not possible, the request is wholly non-certified.