

Case Number:	CM13-0027823		
Date Assigned:	11/22/2013	Date of Injury:	05/28/2008
Decision Date:	02/03/2014	UR Denial Date:	08/23/2013
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 patient has filed a claim for chronic neck, mid back, low back, abdominal, dental, elbow, and myofascial pain reportedly associated with cumulative trauma at work first claimed on May 28, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical application of heat and cold; unspecified number of epidural steroid injections; and extensive periods of time off work. In a utilization review report of August 23, 2013, the claims administrator denied a rheumatology consultation, a Dragon unit, and a rolling cart. The claims administrator did certify a GI consultation. The claims administrator denied the VPM unit on the grounds that the patient had not previously had an ergonomic evaluation suggesting or in fact recommending that she use the VPM unit/Dragon NaturallySpeaking software. In an August 23, 2013 note to the attending provider, the patient's employer states that some of the limitations suggested by the attending provider would create an undue hardship on the workforce and departmental operations. In a progress report of July 11, 2013, it is stated that patient has persistent low back, shoulder, and elbow pain. Tenderness to touch is noted about multiple body parts. The patient is limping. It is stated that the patient should obtain a rheumatology consultation, gastroenterology consultation, physical therapy, and voice recognition software with a microphone. A cart is recommended to prevent forceful strength activities about the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

rolling cart unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 1, Prevention Strategies.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, principles of workstation redesign can include decreasing force and/or load through redesign, tool changes, and/or automation. In this case, however, the applicant's employer has stated that they cannot accommodate the limitations suggested by the attending provider, including the injunction to use a rolling cart. Since the applicant's employer cannot accommodate the suggested rolling cart, it does not appear that providing this would be beneficial here as the applicant is not presently working. If the applicant is not working, she is unlikely to need this cart. Therefore, the request is not certified.

warm unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 3, Initial Approaches to Treatment - Physical Methods.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, self-applications of heat and cold are considered "optional." While self-applications of heat and cold are, per ACOEM, part and parcel of self-care, ACOEM does not endorse the usage of high-tech devices to deliver heat and cold therapy. The unfavorable MTUS Guideline in ACOEM Chapter 3 is echoed by the Third Edition ACOEM Guidelines, which also do not endorse high-tech applications of heat or cold. In this case, the attending provider has not clearly stated why the applicant cannot employ simple, low-tech applications of heat and cold such as that suggested by ACOEM. No rationale has been proffered so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified.

VPM Dragon Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 1, Prevention Strategies.

Decision rationale: Again, while the MTUS-adopted ACOEM Guidelines in Chapter 1 do support workstation modifications, adjustment of workstations, task, and tool to an individual worker's size, etc., in this case, however, the applicant's employer has written that they are unable to accommodate the suggested limitations. The applicant's employer stated that provision of the VPM/Dragon unit would create an undue hardship for the department and workflow.

Since the applicant is not presently working and will apparently be unable to return to work with the limitations suggested by the attending provider, providing this unit is superfluous as the applicant is unlikely to use it at home. Accordingly, the request is not certified.

referral to rheumatology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 - Independent Medial Examinations and Consultantions

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints despite appropriate conservative management should lead an attending provider to reconsider the operating diagnosis in determining whether a specialist evaluation is necessary. In this case, the applicant has failed to improve through prior conservative measures including time, medications, etc. Obtaining the added expertise of the physician specializing in chronic pain syndromes and widespread body pain, such as a rheumatologist, is indicated given the applicant's issues with the same. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.