MAXIMUS Federal Services

Case Number:	CM13-0028228		
Date Assigned:	11/22/2013	Date of Injury:	05/08/2010
Decision Date:	01/27/2014	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 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 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 42-year-old female who reported an injury on 05/08/2010 due to cumulative trauma. The patient received conservative care for the back and wrist to include physical therapy, wrist splinting, and wrist injections. The patient's chronic pain was managed with medications. The patient underwent an MRI of the lumbar spine that revealed disc protrusions at the L3-4, L4-5, and L5-S1 levels. The patient underwent an EMG/NCV that revealed no electrodiagnostic evidence of carpal tunnel syndrome, ulnar nerve entrapment, or cervical radiculopathy. There were no recent clinical examination findings submitted for review. The patient's diagnoses included carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions: Upheld

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

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

Decision rationale: The requested 8 physical therapy sessions is not medically necessary or appropriate. There was no recent clinical documentation to support functional deficits that

would benefit from physical therapy. Additionally, due to the length of the injury, the patient should be well versed in a home exercise program. There was no documentation to support that the patient is participating in a home exercise program. The California Medical Treatment Utilization Schedule does recommend physical therapy to address functional deficits. However, as there was no recent documentation to support deficits, the requested 8 physical therapy sessions is not medically necessary or appropriate.

6 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no recent clinical documentation to support deficits that might benefit from acupuncture. The California Medical Treatment Utilization Schedule recommends acupuncture is used as an adjunct therapy to provide functional benefits and medication reduction. The clinical documentation submitted for review did not provide any recent evidence that the patient is participating in any other treatments that would receive benefit from the addition of acupuncture. As such, the requested acupuncture sessions are not medically necessary or appropriate.

repeat MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI

Decision rationale: The requested repeat MRI of the cervical spine is not medically necessary or appropriate. There was no clinical documentation to support deficits that would require this diagnostic study. The American College of Occupational and Environmental Medicine recommends MRI of the cervical spine when there are progressive neurological deficits or red flag conditions. There was no recent documentation to support that the patient's deficits are considered progressive in nature or that there has been a development of any red flag conditions. Official Disability Guidelines do not recommended repeat imaging in the absence of progress neurological deficits and/or a significant change in pathology. There was no recent clinical documentation to support a significant change in pathology. As such, the requested repeat cervical MRI is not medically necessary or appropriate.

repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: The requested repeat MRI of the lumbar spine is not medically necessary or appropriate. There was no clinical documentation to support deficits that would require this diagnostic study. The American College of Occupational and Environmental Medicine recommends MRI of the lumbar spine when there are progressive neurological deficits or red flag conditions. There was no recent documentation to support that the patient's deficits are considered progressive in nature or that there has been a development of any red flag conditions. Official Disability Guidelines do not recommended repeat imaging in the absence of progress neurological deficits and/or a significant change in pathology. There was no recent clinical documentation to support a significant change in pathology. As such, the requested repeat lumbar MRI is not medically necessary or appropriate.

surgical/orthopedic evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested surgical/orthopedic evaluation is not medically necessary or appropriate. The clinical documentation submitted for review did not provide any evidence of deficits that would require surgical intervention. The American College of Occupational and Environmental Medicine recommends surgical consultation when there are red flags, a failure to respond to conservative management, and clear clinical and special study evidence of a disease process that would benefit from surgical intervention. There was no recent clinical documentation to support the patient would benefit from surgical intervention. As such, the requested surgical/orthopedic evaluation is not medically necessary or appropriate.

psyche treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral Intervens Page(s): 23.

Decision rationale: The requested psyche treatment is not medically necessary or appropriate. The clinical documentation submitted for review did not contain any recent evidence of an evaluation that would benefit from behavioral interventions. The California Medical Treatment Utilization Schedule does recommend psychiatric support for patients suffering from chronic pain. However, as there was no recent documentation to identify deficits that would benefit from psychiatric treatment, the request is not indicated. As such, the request for psyche treatment is not medically necessary or appropriate.