

Case Number:	CM13-0039816		
Date Assigned:	06/06/2014	Date of Injury:	11/09/1999
Decision Date:	07/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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 patient is a 76 year old female who was injured on 11/09/1999. Her work injury was a result of a slip and fall. Prior treatment history has included bilateral L3-L4 and L4-L5, L5-S1 medial branch radiofrequency rhizotomy on 10/14/2013. The patient underwent cervical fusion at C4-C5; had 4 surgeries to the right shoulder for rotator cuff injuries; and 3 surgeries for left wrist fracture and ligament tear. The patient's medications include Lorcet, Prevacid, Levsin, Ambien, Cozaar 5/20 and Butrans patch. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/10/2013 revealed moderate bilateral facet arthrosis at L5-S1 levels with minimal anteriorlysis and smaller disc bulges are noted at L2-L3, L3-L4 and L4-L5. Toxicology report dated 09/19/2013 revealed positive results for Hydrocodone confirming prescribed medications Soma and Lorcet. Progress report dated 02/24/2014 reported the patient had increased pain and an inability to tolerate medication including Butran patches, Fentanyl patches and morphine. She reported the pain is intolerable. Objective findings on exam revealed right shoulder range of motion is decreased, right more than left. The patient has frozen shoulder bilaterally. She has severe left shoulder tenderness. The lumbar spine examination revealed tenderness and painful range of motion. Her blood pressure was noted to be 138/78 with a pulse of 80. The treatment and plan included a request for home health care assistance. The patient is pending physical therapy to the left shoulder. She requires movers to assist her in relocating. She was instructed to continue with her medications. Supporting report dated 09/16/2013 documented a diagnosis of fibromyalgia, frozen right shoulder status post right surgery 4 times, spondylolisthesis/scoliosis, cervical postlaminectomy pain syndrome and cervical thoracic kyphosis with severe tenderness. The plan included 8 sessions of physical therapy to the left shoulder; a request for L4-S1 bilateral facet rhizotomy; request assistance with change in living situation. Gastroenterology consultation on 08/19/2013 indicated the patient had a recent increase of reflux symptoms with

changes in her voice and she reported pain in the mid epigastrium. She has been on Betyl as needed which is for her abdominal pain. The patient reported regular bowel movements but her medications cause her to have alternating constipation/diarrhea. Her last colonoscopy was reportedly normal 3 years ago. She does have a history of diverticulosis and bright red blood per rectum on a weekly basis. She reported she has frequent heartburn occurring nightly but is relieved with medication. The patient complains of nausea and diarrhea. The pain is constant and is aggravated with food. Past medical history included gastroesophageal reflux disease and irritable bowel syndrome. Objective findings on exam revealed the abdomen to be soft, nontender, nondistended with positive bowel sounds. Mid epigastric tenderness to palpation. Diagnoses are obesity, GERD with worsening symptoms despite PPI therapy and diverticulosis. The plan is a scheduled endoscopy, continue PPI therapy, and pain control. Dentistry progress report dated 04/02/2013 documented diagnostic autonomic nervous system testing was performed and revealed the patient does have a heart rate change due to abnormal sympathetic/parasympathetic activity, which correlates to nocturnal obstruction of the airway that exist. The treatment and plan included an obstructive airway oral appliance as requested by PCP to treat the patient's nocturnal obstruction of airway. Prior utilization review dated 09/20/2013 states the request for physical therapy three times a week for 4 weeks is non-certified as there are no subjective or objective findings to support medical necessity; cardiology consult is non-certified as there is no detailed examination provided for review; The remaining request have been found to be non-certified as they lack the necessary documented evidence to support each request to establish medical necessity and they include: gastrointestinal consult is, MRI of the thoracic, MRI of the cervical, MRI of the left wrist, echocardiogram, homecare 8hrs for two months, medical transportation to all medical appointments, night guard, dental consult, follow up with [REDACTED], consult with [REDACTED] (TMJ).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 4: Upheld

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

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

Decision rationale: According to MTUS chronic pain guidelines, physical medicine (physical therapy) is recommended for radiculitis for 8-10 visits over 4 weeks. This is a request for 12 visits of physical therapy to treat cervical and lumbar radiculitis for a 76 year old female patient with chronic neck and back pain with 11/09/99 date of injury. However, the number of visits requested exceeds guideline recommendations. Further, no rationale for the physical therapy request is provided in the available medical records. There is no discussion of past response to physical therapy. There is no documentation of significant change in the patient's symptoms or examination findings. Physical examination details are lacking with regard to the cervical and lumbar spine. Medical necessity is not established.

CARDIOLOGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7,PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to ACOEM guidelines, providers may consult specialists when diagnoses are uncertain or complex or when patient care may benefit from additional expertise. This is a request for a cardiology consult for a 76 year old female with chronic pain and multiple comorbidities. The patient apparently had a complaint of chest pain. However, no other details are provided in the medical records with regard to symptoms, physical examination, prior cardiac history, or prior cardiac work-up. Medical necessity is not established.

GASTROINTESTINAL CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7, PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to ACOEM guidelines, providers may consult specialists when diagnoses are uncertain or complex or when patient care may benefit from additional expertise. This is a request for gastroenterology consult for a 76 year old female with chronic neck and back pain and multiple comorbidities. She apparently had worsening reflux symptoms. Gastroenterology consult notes worsening GERD and diverticulosis. EGD and colonoscopy are requested. Medical necessity is established. However, the insurance carrier may object based on the issue of causation as it is not clear that the patient's gastrointestinal complaints are industrial.

MRI OF THE CERVICAL: Upheld

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

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, MRI.

Decision rationale: ACOEM and ODG guidelines recommend cervical MRI under certain conditions such as physiologic evidence of tissue insult or neurologic dysfunction. The patient is

a 76 year old with chronic neck pain and history of cervical fusion. No rationale is provided for the request for cervical MRI. There is no documentation of significant interval change in cervical spine symptoms or examination. Medical necessity is not established.

MRI THORACIC: Upheld

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

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, MRI.

Decision rationale: ACOEM and ODG guidelines recommend thoracic MRI under certain conditions such as physiologic evidence of tissue insult or neurologic dysfunction. The patient is a 76 year old with chronic neck and back pain. No rationale is provided for the request for cervical MRI nor is it evident from review of the records. There is no documentation of significant interval change in symptoms or examination findings. Medical necessity is not established.

MRI LEFT WRIST: 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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, MRI's.

Decision rationale: ACOEM and ODG guidelines recommend wrist MRI under certain conditions such as to identify physiologic insult and define anatomic defects. The patient is a 76 year old with chronic wrist pain. She is status post L wrist fracture and three remote surgeries. No rationale is provided for the request for L wrist MRI. There is no documentation of significant interval change in L wrist symptoms or examination. Medical necessity is not established.

ECHOCARDIOGRAM: 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 Other Medical Treatment Guideline or Medical Evidence: www.medscape.com, Echocardiography.

Decision rationale: MTUS guidelines and ODG do not address the request. According to material on www.medscape.com, echocardiography may be indicated to identify structural or hemodynamic abnormalities of the heart. This is a request for echocardiogram for a 76 year old female with chronic pain and multiple comorbidities. The patient apparently had a complaint of chest pain. However, no other details are provided in the medical records with regard to symptoms, physical examination, prior cardiac history, or prior cardiac work-up. Medical necessity is not established.

HEMOCARE 8HRS FOR TWO MONTHS: Upheld

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

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

Decision rationale: CA MTUS guidelines indicate 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." These recommendations are consistent with Medicare Guidelines. This is a request for homecare 8 hours per day for 2 months for a 76 year old female with chronic pain and multiple comorbidities. This exceeds guidelines recommendations for no more than 35 hours per week. Homecare is reportedly needed to help with activities of daily living, which is not supported by guidelines. The patient does not appear to require medical treatment in the home. The patient is not homebound. Medical necessity is not established.

MEDICAL TRANSPORTATION TO ALL MEDICAL APPOINTMENTS: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transportation to and from Appointments.

Decision rationale: CA MTUS guidelines do not address the issue. ODG recommends medically necessary transport to appointments in the same community for patients with disabilities preventing them from self-transport. This is a request for transportation to all medical appointments for a 76 female with chronic neck and back pain and use of a walker. There is no discussion with regards to this request in the provided medical records. Further, the patient is noted to drive for short distances several times a week. As such, since she appears able to self-transport, medical necessity is not established.

FOLLOW UP WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: According to ACOEM guidelines, providers may consult specialists when diagnoses are uncertain or complex or when patient care may benefit from additional expertise. The patient has been treating regularly with [REDACTED], a neurosurgeon, according to the records. The patient has chronic neck and back pain, history of cervical fusion and lumbar facet arthropathy. Medical necessity is established for one follow-up visit.

CONSULT WITH [REDACTED] (TMJ): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7, PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: According to ACOEM guidelines, providers may consult specialists when diagnoses are uncertain or complex or when patient care may benefit from additional expertise. This is a request for a consult with [REDACTED] apparently for evaluation for a dental appliance. However, provided medical records do not discuss any dental or TMJ symptoms or examination findings. There is a listed diagnosis of TMJ as a subheading under fibromyalgia. There are 2 notes by [REDACTED], which advocate for the need for a musculoskeletal trigeminal (dental) appliance for bruxism, myofascial pain, and/or TMJ pain. He further goes on to argue that the patient's bruxism and obstructive sleep apnea are industrially-related due to stress, increased weight, medications, and pain. Again, there are no records provided detailing the patient's dental or TMJ symptoms or examination findings. Further, it is not clear that the patient truly needs a specialized appliance, instead of a basic occlusal splint (bite guard) to protect her teeth if she indeed has bruxism. The ability of dental guards to prevent bruxism behavior appears to be unproven. Medical necessity is not established.

NIGHT GUARD: 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 Other Medical Treatment Guideline or Medical Evidence. www.medscape.com, Bruxism Management.

Decision rationale: CA MTUS and ODG do not discuss the issue. According to information on www.medscape.com, dental night guards are generally indicated to protect teeth from nighttime bruxism. They do not appear to decrease bruxism behavior. There is a listed diagnosis of TMJ as a subheading under fibromyalgia. There are 2 notes by [REDACTED], which advocate for the need for a musculoskeletal trigeminal (dental) appliance for bruxism, myofascial pain, and/or TMJ pain. However, provided medical records do not discuss any dental or TMJ symptoms or examination findings such that diagnosis and appropriate remain in question. The patient is noted to use a dental appliance already, but no specifics are provided. Medical necessity is not established.

DENTAL CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7, PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to ACOEM guidelines, providers may consult specialists when diagnoses are uncertain or complex or when patient care may benefit from additional expertise. This is a request for a dental consult. However, provided medical records do not discuss any dental or TMJ symptoms or examination findings. There is a listed diagnosis of TMJ as a subheading under fibromyalgia. There are 2 notes by [REDACTED], which advocate for the need for a musculoskeletal trigeminal (dental) appliance for bruxism, myofascial pain, and/or TMJ pain. Despite the lack of provided specifics, dental consult appears appropriate and is medically necessary. However, the insurance carrier may object based on the issue of causation as it is not clear that the patient's dental complaints are industrial in nature.