

Case Number:	CM13-0040309		
Date Assigned:	03/21/2014	Date of Injury:	07/29/2013
Decision Date:	04/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Preventive 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:

According to the records made available for review, this is a 48-year-old with a date of injury of July 29, 2013. At the time of request for authorization for pain management consultation, October 7, 2013, physical therapy for treatment of the cervical and lumbar spine, two times per week for six weeks, and neurology consultation, there is documentation of subjective (pain in the left hand, wrist and fingers) and objective (partial nail plate loss of the left middle finger with dystrophic residual nail plate and slight hooked shape, and decreased sensation of the left tips of the middle finger and ring finger) findings, current diagnoses (headaches, cervical and lumbar sprain/strain, bilateral wrist sprain/strain, and stress, anxiety and depression), and treatment to date (not specified). In addition, October 7, 2013 medical report identifies a plan for pain management consultation to take over medications, neurology consultation for headaches, and start physical therapy. Regarding the requested pain management consultation and neurology consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding the requested physical therapy for treatment of the cervical and lumbar spine, two times per week for six weeks, there is no documentation of objective functional deficits and functional goals consistent with cervical and lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

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

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

Decision rationale: The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of headaches, cervical and lumbar sprain/strain, bilateral wrist sprain/strain, and stress, anxiety and depression. However, despite documentation of a plan identifying pain management consultation to take over medications, and given no documentation of current medication use and failure of conservative treatment, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The request for a pain management consultation is not medically necessary or appropriate.

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Low Back Chapter Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten visits over four to eight weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical and lumbar sprain/strain not to exceed ten visits over eight weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical and

lumbar sprain/strain. However, despite documentation of subjective (pain in the left hand, wrist and fingers) and objective (partial nail plate loss of the left middle finger with dystrophic residual nail plate and slight hooked shape, and decreased sensation of the left tips of the middle finger and ring finger) findings, there is no documentation of objective functional deficits and functional goals consistent with cervical and lumbar sprain/strain. In addition, the proposed number of physical therapy sessions exceeds guidelines (for an initial trial). The request for physical therapy for treatment of the cervical and lumbar spine, twice per week for six weeks, is not medically necessary or appropriate.

NEUROLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

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

Decision rationale: The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of headaches, cervical and lumbar sprain/strain, bilateral wrist sprain/strain, and stress, anxiety and depression. However, despite documentation of a plan identifying neurology consultation for headaches, and given no documentation of supportive subjective/objective findings consistent with headaches and failure of conservative treatment, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The request for neurology consultation is not medically necessary or appropriate.