

Case Number:	CM13-0041927		
Date Assigned:	12/20/2013	Date of Injury:	01/24/2005
Decision Date:	02/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation 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 reported an injury on 01/24/2005. The mechanism of injury was not provided. The patient was noted to have cramping in the right foot and knee. The patient was noted to have trouble sleeping because of the foot and back pain. The patient was noted to feel better with therapy and the injections. The patient was noted to have trigger point injections that decreased the patient's pain by 50% for a few days. The patient was noted to have pain to palpation along the lumbar paraspinal muscles. The patient was noted to have sensation intact but diminished over the right foot. The patient's diagnoses were noted to include right foot complex regional pain syndrome, plantar fasciitis, and lumbago. The request was made for a lifetime gym membership, a nerve block times 3 for the right foot, trigger point injections, bilateral resting/night splints, lumbar brace, spine surgery consult, and a psychiatry follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a lifetime gym membership: 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), Health Clubs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter, Gym Memberships.

Decision rationale: Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a home exercise program has been ineffective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. There was a lack of documented rationale to support the requested service. There was a lack of documentation indicating the patient's home exercise program was ineffective and there was a need for equipment. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for a life time gym membership is not medically necessary.

The request for EMG of right leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review indicated the patient had sensation that was intact but diminished over the right foot, MMT was 5/5 and deep tendon reflexes were 2+. The clinical documentation submitted for review indicated the patient's injury was in 2005. There was a lack of documentation indicating prior physical examinations and/or studies to support the request. Given the above, the request for an EMG of the right leg is not medically necessary.

The request for nerve block x 3 right foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, CRPS, sympathetic and epidural blocks..

Decision rationale: California MTUS Guidelines recommend sympathetic blocks as an adjunct to facilitate physical therapy for patients with CRPS. There was a lack of documentation indicating the patient had signs and symptoms of CRPS and that the patient would be participating in physical therapy. There was a lack of documentation indicating the necessity for nerve block times 3 in the right foot. Given the above, the request for nerve block times 3 right foot is not medically necessary.

The request for trigger point injections x 6 bilateral lumbar paraspinous muscles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trigger Point Injections Page(s): 121-122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The clinical documentation submitted for review indicated that the patient had previous trigger point injections that decreased the patient's pain by 50% for a few days. There was a lack of documentation objective functional improvement to support the necessity for further treatment with a trigger point injections and there was a lack of documentation the body part that was injected and that the patient had sustained pain relief for six weeks. Additionally, there was a lack of documentation indicating the patient had circumscribed trigger points with evidence upon palpation of a twist response as well as referred pain. Given the above, the request for trigger point injections is not medically necessary.

The request for bilateral resting night splints for the feet: 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), Ankle

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot chapter.

Decision rationale: Official Disability Guidelines do not recommend immobilization as a primary treatment. The clinical documentation submitted for review failed to provide the rationale for the requested treatment. Given the above, the request for bilateral resting night splints for the feet is not medically necessary.

The request for lumbar brace: 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), Lumbar Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation submitted for review failed to indicate the rationale for the requested back brace. Given the above, the request for a lumbar brace is not medically necessary.

The request for spine surgery consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: ACOEM Guidelines indicate a surgical consultation is supported for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the patient had been participating in swimming and the pain was noted to radiate up and down her spine; however, there was a lack of imaging studies to support the necessity. Additionally, there was a lack of documentation of the date of service, efficacy, and duration of prior conservative care. Given the above, the request for spine surgery consult is not medically necessary.

The request for psychiatry follow-up: 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 Official Disability Guidelines (ODG), Mental Illness & Stress chapter.

Decision rationale: The Official Disability Guidelines recommend the clinical visit with a health care provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request was made by the physician for a follow-up for panic attacks caused by the patient's injury. However, there was a lack of documentation indicating the patient had signs or symptoms subjectively and complaints of panic attacks. Given the above, the request for psychiatry follow-up is not medically necessary.