

Case Number:	CM13-0044038		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2007
Decision Date:	02/26/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic Surgery, has a subspecialty Certificate in Fellowship trained in Spine Surgery 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 is a 59-year-old female who reported an injury on 01/25/2007. The mechanism of injury was stated to be starting in 2006. The patient developed symptoms after a co-worker pulled an office chair out from under the patient, and the patient was noted to fall and have arm pain and pain in the neck. The patient was noted to file a claim on 01/25/2007. The physical examination was handwritten and difficult to read. The patient's diagnoses were noted to include fibromyalgia, cervical disc disease, and cervical radiculopathy. The request was made for a follow-up with a rheumatologist, an epidural steroid injection, continuation of a home exercise program; discontinue acupuncture, and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow up with Rheumatologist between 9/12/2013 and 11/7/2013: 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), and National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Office Visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgement. As the physical findings were difficult to read, the signs and symptomatology as well as clinical stability, could not be ascertained. As such, the request for 1 followup visit with a Rheumatologist between 09/12/2013 and 11/07/2013 is not medically necessary.

2 epidural steroid injections at C4-C5, C5-C6 has been modified to a certification of 1 epidural steroid injection at C4-C5, C5-C6 between 9/12/2013 and 11/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. As the physical examination was difficult to read as it was handwritten, the patient's objective physical findings could not be ascertained. Additionally, per the nerve conduction study, the patient was noted to have no electrophysiological evidence to support motor radiculopathy in the upper extremities. Given the above, and the lack of documentation, the request for 2 epidural steroid injections at C4-5, C5-6 has been modified to a certification of 1 epidural steroid injection at C4-5, C5-6 between 09/12/2013 and 11/07/2013 is not medically necessary.

1 request to continue Home Exercise Program (HEP) between 9/12/2013 and 11/7/2013: Overturned

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

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

Decision rationale: The California MTUS Guidelines recommend a home exercise program, with or without mechanical assistance or resistance and functional activities with assistive devices. Clinical documentation submitted for review indicated the patient would continue the home exercise program as tolerated and a home exercise program is self-driven. Given the above, the request to continue a home exercise program between 09/12/2013 and 11/07/2013 is medically necessary.

1 request to discontinue acupuncture between 9/12/2013 and 11/7/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and The clinical documentation submitted for review indicated the acupuncture was not beneficial with 6 requested sessions. Given the above, the request to discontinue acupuncture between 09/12/2013 and 11/07/2013 is medically necessary.

1 follow up in 5-6 weeks between 9/12/2013 and 11/7/2013: 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), and National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Office Visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgement. The clinical documentation submitted for review failed to provide legible documentation to support the need for a return office visit. Given the above, the request for 1 followup in 5 to 6 weeks between 09/12/2013 and 11/07/2013 is not medically necessary.