MAXIMUS Federal Services

Case Number:	CM13-0044432		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2013
Decision Date:	04/29/2014	UR Denial Date:	10/14/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 6'0", 220 lbs, [redacted], 31 year-old male who was injured on 4/15/13. He worked at a carwash , and a coworker was moving a car forward and the car hit the patient in the back, throwing him forward and he landed on his knees and arms. According to the occupational med/family practice PR2 from 9/23/13, the diagnoses are r/o HNP, c/s, t/s, l/s; left shoulder and left elbow r/o internal derangement. The patient presents with 5/10 cervical and thoracic pain and 7/10 lumbar pain, and 5/10 left shoulder and left elbow pain. The plan was to start LINT for the thoracic and lumbar spines for any trigger points identified with TPII. On 10/14/13 UR recommended non-certificaton for requests for Trigger point impedance imaging(TPII); LINT 1xweek for 6-12 weeks; a pain management consult; and acupuncture 2x4; and UR authorized the referral to an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT IMPEDANCE IMAGING TPII: 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 TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The patient presents with 5/10 cervical and thoracic pain and 7/10 lumbar pain, and 5/10 left shoulder and left elbow pain. I have been asked to review for necessity of TPII for the thoracic and lumbar spine The 9/23/13 PR2 does not provide any exam findings suggestive of trigger points in the thoracic or lumbar spinal regions. MTUS discusses the necessary documentation and exam findings for trigger points under the trigger point injection criteria. MTUS states:" Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" MTUS requires palpatory findings with twitch response for identification of trigger points. The trigger point impedance imaging is not necessary to identify a trigger point.

LOCALIZED NEUROSTIMULATION THERAPY LINT ONE TIME PER WEEK FOR SIX TO TWELVE WEEKS: 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)

Decision rationale: The patient presents with 5/10 cervical and thoracic pain and 7/10 lumbar pain, and 5/10 left shoulder and left elbow pain. I have been asked to review for LINT for the thoracic and lumbar regions. ODG guidelines states that intial studies looked promising, but states it is not recommended until there are higher quality studies. The request for LINT is not in accordance with ODG guidelines.

PAIN MANAGEMENT CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), CHAPTER 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient presents with 5/10 cervical and thoracic pain and 7/10 lumbar pain, and 5/10 left shoulder and left elbow pain. I was not able to locate the medical report with the rationale for the pain management referral. The 9/23/13 report did not discuss medications. The June 2013 report states the patient tried naproxen and topical compounds. The patient still has 5-7/10 pain. ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." It appears that the occupational medicine physician is having difficulty managing the patient's pain levels. A pain management consultation appears to be in accordance with ACOEM guidelines.

ACUPUNCTURE TWO TIMES FOUR FOR THE CERVICAL SPINE, THORACIC SPINE, LEFT SHOULDER, AND LEFT ELBOW:

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with 5/10 cervical and thoracic pain and 7/10 lumbar pain, and 5/10 left shoulder and left elbow pain. I have been asked to review for acupuncture 2x4. There is no reporting or indication that the patient had prior acupuncture. The MTUS/Acupuncture guidelines state that if acupuncture is going to be beneficial, there should be some evidence of functional improvement within 3-6 visits. The guidelines also state that with documented functional improvement, the acupuncture visits can be extended. The request for 8 sessions of acupuncture will exceed the 3-6 visit trial recommended under the MTUS/Acupuncture guidelines.