

Case Number:	CM13-0046613		
Date Assigned:	12/27/2013	Date of Injury:	09/26/1997
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 and 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 is a 63 year old female who reported an injury on 09/26/1997. The patient is diagnosed as status post cervical spine surgery in 2003, status post lumbar spine surgery in 1998, and other problems unrelated. The patient was seen on 10/01/2013. The patient reported ongoing pain in multiple areas of the body. Physical examination revealed decreased range of motion, decreased strength, and diminished sensation. Treatment recommendations included an epidural steroid injection, aquatic therapy once per week for 6 weeks, an orthopedic mattress, and consultations with internal medicine, psychology, pain medicine, and orthopedic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management for lumbar epidural steroid injection and chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment

plan. As per the documentation submitted, the patient was seen by a pain management specialist in 12/2012. A part from fentanyl patch, it is unknown what medications the patient is currently taking, nor is the amount of pain in terms of VAS scale with interference of activities of daily living, frequency or severity of pain clearly stated. The patient does not demonstrate signs or symptoms of radiculopathy upon physical examination that may warrant a lumbar epidural steroid injection. The medical necessity for a pain management consultation has not been established. Therefore, the request is non-certified.

Aquatic therapy, one (1) time a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, the patient does not demonstrate significant musculoskeletal or neurological deficits upon physical examination. There is also no indication of the need for reduced weight-bearing as opposed to land-based physical therapy. The medical necessity has not been established. Therefore, the request is non-certified.

Internal medicine consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation California MTUS Guidelines/ACOEM Guidelines 2004, 2nd Edition, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient underwent an internal medicine consultation re-evaluation on 05/29/2013 by [REDACTED]. Apart from fentanyl, the patient's current medications are unknown. Medical necessity for the requested consultation has not been established. As such, the request is non-certified

Psych assessment, follow up of stress and anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational and Environmental Medicine (ACOEM), 2nd Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92, Chronic Pain Treatment Guidelines Page(s): 100-01.

Decision rationale: California MTUS Guidelines state psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. As per the documentation submitted, the patient has previously undergone psychological evaluation. It is unclear whether the patient has had any treatment to date. The medical necessity for an additional psychiatric consultation has not been established. Therefore, the request is non-certified.

Pain medicine consult, because of chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Guidelines/ACOEM Guidelines 2004, 2nd Edition,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient was seen by a pain management specialist in 12/2012. A part from fentanyl patch, it is unknown what medications the patient is currently taking, nor is it clearly stated the amount of pain in terms of VAS scale with interference of activities of daily living, frequency or severity of pain. The patient does not demonstrate signs or symptoms of radiculopathy upon physical examination that may warrant a lumbar epidural steroid injection. The medical necessity for a pain management consultation has not been established. Therefore, the request is non-certified

Orthopedic consult:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines/ACOEM Guidelines 2004, 2nd Edition, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92. Decision based on Non-MTUS Citation Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cornerstones of Disability Prevention and Management. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004)

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient has been seen by an orthopedic surgeon. The patient is status post cervical spine and lumbar spine surgery. There is no documentation of a significant musculoskeletal or neurological deficit upon physical examination on the requesting

date of 10/01/2013. The medical necessity for the requested consultation has not been established. Therefore, the request is non-certified

Orthopedic mattress: 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), 11th Edition (Web 2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress Selection.

Decision rationale: Official Disability Guidelines do not recommend using firmness as sole criterion for mattress selection. As per the documentation submitted, the patient is status post cervical spine and lumbar spine surgery. The patient's injury was over 10 years ago to date. There is no evidence of a significant musculoskeletal or neurological deficit upon physical examination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.