

Case Number:	CM13-0055049		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2007
Decision Date:	04/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice 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 64-year-old male who reported an injury on 09/28/2007. The mechanism of injury involved a fall. A request for authorization was submitted by [REDACTED] on 10/17/2013 for an orthopedic consultation, a sleep study, internal medicine consultation, cervical and lumbar spine x-rays, 12 physical therapy visits, cervical spine and brain MRIs, electromyography/nerve conduction velocity (EMG/NCV) study of all four (4) extremities, a Functional Capacity Evaluation, a psychological evaluation, a back brace, a neck pillow, a cane and walker, a neurology consultation, and a cardiology consultation. However, there are no physician progress reports submitted by [REDACTED]. The patient was seen by [REDACTED] on 05/03/2013. The patient's physical examination revealed slightly diminished sensation on the left side of the face when compared to the right, decreased strength in the lower extremities, a slow and unsteady gait, slight edema of the bilateral lower extremities, and painful range of motion. A review of medical records was conducted at that time. The patient was then diagnosed as status preexistent coronary artery disease with history of four (4) vessel bypass surgery, cervical and lumbar spine degenerative disc disease, cervical and lumbar radiculitis, severe cervical canal stenosis, diabetes mellitus type II, industrially related fall, status post operative extensive laminectomy and discectomy in the cervical spine, status post MI and cardiopulmonary arrest, status post hemisphere ischemic event, probable lumbar discogenic disease, and lower extremity weakness. Treatment recommendations included an EMG/NCV study of all four (4) extremities as well as a brain MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

NECK PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition

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 Chapter, Pillow

Decision rationale: The Official Disability Guidelines indicate that a neck pillow is recommended for use while sleeping, in conjunction with daily exercise. As per the clinical documentation submitted, there was no physician progress report submitted by the requesting physician on 10/17/2013. Therefore, the medical necessity for the requested durable medical equipment has not been established. Additionally, there was no indication that this patient is actively participating in a daily exercise program. Based on the clinical information received, the request is non-certified.

FOUR (4) POINT CANE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Knee and Leg

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, Walking Aids

Decision rationale: The Official Disability Guidelines indicate that walking aids such as canes, crutches, braces, and walkers are recommended for specific indications. As per the documentation submitted, there were no physician progress reports submitted by the requesting physician on 10/17/2013. Therefore, the medical necessity for the requested durable medical equipment has not been established. Additionally, there is no indication that this patient suffers from a significant functional limitation or significant instability that would warrant the need for a walking aid. Based on the clinical information received, the request is non-certified.

WALKER WITH WHEELS AND SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Knee and Leg

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, Walking Aids

Decision rationale: The Official Disability Guidelines indicate that walking aids such as canes, crutches, braces, and walkers are recommended for specific indications. As per the documentation submitted, there were no physician progress reports submitted by the requesting physician on 10/17/2013. Therefore, the medical necessity for the requested durable medical equipment has not been established. Additionally, there is no indication that this patient suffers from a significant functional limitation or significant instability that would warrant the need for a walking aid. Based on the clinical information received, the request is non-certified.

SLEEP STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Pain

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

Decision rationale: The Official Disability Guidelines indicate that polysomnograms/sleep studies are recommended for a combination of indications. As per the documentation submitted, there were no physician progress reports submitted by the requesting physician on 10/17/2013. Therefore, there is no indication that the patient meets criteria for the requested study. As such, the request is non-certified.

ORTHOPEDIC CONSULTATION: Upheld

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, Chapter 7-Independent Medical Examinations and Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a 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, there was no physician progress report submitted by the requesting physician on the date of 10/17/2013. Therefore, the medical necessity for the requested consultation has not been established. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. As the medical necessity has not been established, the current request is non-certified.

CARDIOLOGIST CONSULTATION DUE TO BYPASS SURGERY: Upheld

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, Chapter 7-Independent Medical Examinations and Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a 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, there was no physician progress report submitted by the requesting physician on the date of 10/17/2013. Therefore, the medical necessity for the requested consultation has not been established. As the medical necessity has not been established, the current request is non-certified.

NEUROLOGIST CONSULTATION DUE TO HEADACHES: Upheld

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, Chapter 7-Independent Medical Examinations and Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a 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, there was no physician progress report submitted by the requesting physician on the date of 10/17/2013. Therefore, the medical necessity for the requested consultation has not been established. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. As the medical necessity has not been established, the current request is non-certified.

PAIN MANAGEMENT CONSULTATION REGARDING MEDICATION: Upheld

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, Chapter 7-Independent Medical Examinations and Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a 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, there was no physician progress report submitted by the requesting physician on the date of 10/17/2013. Therefore, the medical necessity for the requested consultation has not been established. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. As the medical necessity has not been established, the current request is non-certified.

RETROSPECTIVE REQUEST FOR AN X-RAY OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Radiography (x-rays)

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. As per the documentation submitted, there were no physician progress reports submitted by the requesting physician on the requesting date of 10/17/2013. Therefore, the medical necessity for the retrospective x-ray has not been established. There was no evidence of this patient's exhaustion of conservative treatment prior to the request for an x-ray. Based on the clinical information received, the request is non-certified.

RETROSPECTIVE REQUEST FOR AN X-RAY OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four (3 or 4) week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, there was no physician progress report submitted on the requesting date of 10/17/2013. Therefore, the medical necessity for the retrospective x-ray has not been established. There was no indication of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.

MRI OF THE CERVICAL SPINE WITH CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four (3 or 4) week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, there was no physician progress report submitted on the requesting date of 10/17/2013. Therefore, the medical necessity for the retrospective x-ray has not been established. There was no indication of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.

MRI OF THE BRAIN WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Magnetic Resonance Imaging

Decision rationale: The Official Disability Guidelines indicate that the criteria for imaging should include the need to determine neurological deficits not explained by CT scan, the need to evaluate prolonged interval of disturbed consciousness, and the need to define evidence of acute changes superimposed on previous trauma or disease. As per the documentation submitted, there was no physician progress report submitted by the requesting physician on 10/17/2013. There is no indication that this patient meets criteria for the requested study. There is also no evidence of a previous CT scan. Based on the clinical information received, the request is non-certified.

ELEVEN (11) SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR AND CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, there was no physician progress report submitted by the

requesting physician on the date of 10/17/2013. Therefore, the medical necessity for physical therapy for the lumbar and cervical spine has not been established. The patient's injury was greater than six (6) years ago to date. There is no evidence of this patient's previous participation in physical therapy treatment. Based on the clinical information received, the request is non-certified.

PSYCHOLOGICAL CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7-Independent Medical Examinations and Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a 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, there was no physician progress report submitted by the requesting physician on 10/17/2013. Therefore, the medical necessity for the requested consultation has not been established. There is no indication of psychological symptoms. Based on the clinical information received, the request is non-certified.

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

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, Chapter 7-Independent Medical Examinations Final Determination Letter for IMR Case Number CM13-0055049 and Consultation, and the Official Disability Guidelines Treatment in Workers' Comp

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a number of functional assessment tools are available including Functional Capacity Examination, when reassessing function and functional recovery. The Official Disability Guidelines indicate that Functional Capacity Evaluations should be considered if case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, there was no physician progress report submitted by the requesting physician on 10/17/2013. Therefore, the medical necessity has not been established. There is no evidence that this patient has reached or is close to maximum medical improvement. There is also no documentation of prior unsuccessful return to work attempts. The request is non-certified.