

Case Number:	CM13-0056430		
Date Assigned:	12/30/2013	Date of Injury:	06/21/2012
Decision Date:	11/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 55-year-old female who reported an injury on 06/21/2012. The injured worker reported when she was retrieving a bucket from a tool at work when a metal tube fell on her head. She stated she felt immediate pain and suffered severe bruising and swelling when the metal tube hit her. Sustained injuries to her head and neck. The injured worker's treatment history included MRI of the brain, neck, chiropractic treatment, surgery, TENS unit, cold and ice treatment, and MRI studies. The injured worker was evaluated on 11/18/2013. It was documented the injured worker complained of constant pain in her head traveling through her neck. The injured worker described her pain as pulsing. She rated her pain as 7/10 on the pain scale. The injured worker complained of constant pain in her neck, which she decreased as pulsing. She rated her pain as 6/10 on the pain scale. The injured worker stated that she did not take any medication the day of the visit. The pain level without the effects of medication was 6/10 and 7/10 on the pain scale. The injured worker complained of difficulty falling asleep due to pain, walking during night due to pain, dizziness, headaches, symptoms of anxiety due to pain or loss of work, and symptoms of depression due to pain or loss of work. The injured worker stated that using a cervical pillow has not resolved her complaints. Stated that she has been using her TENS unit, but the improvement was limited. Objective findings of the cervical spine revealed no loss of sensibility, abnormality sensation or pain in the anterolateral shoulder and arm on the right corresponding to the C5 dermatome. There was motor deficit of the deltoid and biceps on the right and complete active range of motion against gravity with some resistance corresponding to C5 myotome. There was motor deficit of the deltoid and biceps on the left and complete active range of motion against gravity with some resistance corresponding to the C5 myotome. There was motor deficit of the finger flexors with some resistance corresponding to the C7 myotome. At level C3-4, C4-5, C5-6, C6-7, and C7-T1, palpation revealed moderate paraspinal tenderness,

muscle guarding, and spasms bilaterally. The physical examination of the thoracic spine revealed there was no loss of sensibility, abnormal sensation, or pain in the medial forearm on the right corresponding to the T1 dermatome. There was motor deficit of the intrinsic hand muscles on the right and complete active range of motion against gravity with some resistance corresponding to the T1 myotome. There was motor deficit of the intrinsic hand muscles on the left and complete active range of motion against gravity with some resistance corresponding to the T1 myotome. Normal kyphotic configuration. On 11/28/2013, the injured worker had a medical team conference. The Request for Authorization dated 11/25/2013 was for physiotherapy/ chiropractic visit/ followup, extracorporeal shockwave therapy (cervical), medical review, medical team conference, chiropractic consultation, and billing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy/ Chiropractic Visit/ Follow-Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Physical Medicine, Physical Medicine, Page(s): 58, 98-99..

Decision rationale: The California MTUS guidelines state that chiropractic care for chronic pain if that is caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. CA MTUS states that using cervical manipulation may be an option for patients with neck pain or cervicogenic headaches, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. The medical reports that were submitted for review indicated the injured worker has already attended chiropractic treatments however, the outcome measurements were not submitted for this review. Additionally, no clear established objective in measured functional gains, improvement with activities of daily living, or discussion regarding return to work as a result of previous chiropractic therapy. Moreover, the number of visits completed to date was not readily identified. As such, the request for physiotherapy/ chiropractic visit/ follow up is not medically necessary.

Extracorporeal Shockwave Therapy (Cervical): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar

Decision rationale: The request for Extracorporeal Shock Wave Therapy Cervical is not medically necessary. The Official Disability Guidelines do not recommend Extracorporeal Shock Wave Lithotripsy the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The injured worker's diagnosis includes displacement of cervical intervertebral disc without myelopathy, cervical facet joint syndrome, headache, and head contusion. The guidelines do not support extracorporeal shock wave therapy. As such, the request for extracorporeal shockwave therapy (cervical) is not medically necessary.

Medical Review: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Chapter 7 - Independent Medical Examinations And Consultations page 127, 156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Consultation, Chapter 6, page 163

Decision rationale: The request for medical review is not medically necessary. CA MTUS states that consultations are recommended, and health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan of course of care may benefit from additional expertise. However, there is no specific evidence of complexity or psychosocial factors. Specific clinical questions to be reviewed were not identified. As such, the request for medical review is not medically necessary.

Medical Team Conference: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Consultation, Chapter 6, page 163.

Decision rationale: The request for medical team conference is not medically necessary. CA MTUS states that consultations are recommended, and the health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan of course of care may benefit from additional expertise. However, there is no specific evidence of complexity or psychosocial factors. Specific clinical questions to be reviewed were not identified. Additionally, the documents submitted indicated that there was a medical team conference on 10/28/2013. The provider failed to indicate the rationale for requesting another medical team conference. As such, the request for medical review is not medically necessary.

Chiropractic Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Consultation, Chapter 6, page 163.

Decision rationale: American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. The injured worker has already had chiropractic sessions. However, the outcome measures were not submitted for this review. As such, the request for chiropractic consultation is not medically necessary.

Billing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA LABOR CODE 4600 (A)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Labor Code 4600(A).

Decision rationale: The request for BILLING is not medically necessary. Regarding billing (99080), this is not a medical service for the cure or relief of an additional injury, and therefore not within the scope of utilization review as described within LC 4610 and 8CCR9792 et seq. Because this service is not within the scope of utilization review and because 8CCR9792.6 defines authorization as assurance of reimbursement, this item must be left to the claims administrator. As such, the request for Billing is not medically necessary.