

Case Number:	CM13-0058088		
Date Assigned:	12/30/2013	Date of Injury:	12/03/2010
Decision Date:	08/01/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 56 year old female who sustained an injury to her back on 12/03/10 while on the ward doing transfers, lifting, and treating three very heavy stroke hospital patients who had just been added to her schedule. The injured worker developed middle back pain she presented for osteopathic manipulation on 12/13/10 and physical therapy. Physical therapy notes went through 05/16/11 for the thoracic spine and shoulder. Her work hours were reduced and she continued to develop mid and low back pain, despite osteopathic treatment. On 01/06/11 x-rays of the thoracic spine was negative. The 01/21/11 magnetic resonance images of the thoracic spine noted mild degenerative disc disease throughout the thoracic spine, moderate degenerative disc disease throughout the thoracic spine, Schmorl nodes; costovertebral and facet degenerative joint changes along the spine. Despite extensive conservative treatment, the injured worker continued to be symptomatic and additional physical therapy and acupuncture treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation with [REDACTED]: 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) Pain Chapter.

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

Decision rationale: The previous request was denied on the basis that the clinical information submitted indicates that the injured worker has persistent pain complaints in the shoulder and thoracic spine. The injured worker recently completed an [REDACTED] on 10/25/13 and reported benefit with regard to pain coping skills. Approval of such a program would indicate that the injured worker had failed all prior treatments and was not a candidate for further treatment. There was no report of a new acute injury or exacerbation of previous symptoms that would warrant a new specialty evaluation. Given this, the request for the request for a neurology consultation with [REDACTED] is not medically necessary.

Ortho consultation with [REDACTED] for shoulder and [REDACTED] for hip (hip claim not approve): 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) Shoulder.

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

Decision rationale: Again, the injured worker had recently completed an [REDACTED] on 10/25/13 and reported benefit with regard to pain coping skills. Approval of such program would indicate that the injured worker failed all prior treatments and was not a candidate for further treatment. There was no report of a new acute injury or exacerbation of previous symptoms that would warrant a new specialty evaluation. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. The request for ortho consultation with [REDACTED] for shoulder and [REDACTED] for hip (hip claim not approve) is not medically necessary.

Acupuncture, Thoracic Spine, 1-2x8 Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule states that an initial regimen of three to six treatments may be used as an adjunct to conservative treatment and with evidence of significant functional improvement, treatments may be extended. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given this, the request for acupuncture for the thoracic spine is not medically necessary.

