MAXIMUS Federal Services

Case Number:	CM13-0067036		
Date Assigned:	01/03/2014	Date of Injury:	11/07/2012
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal 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 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 beneficiary sustained an injury on November 7, 2012, when she slipped and fell, landing in a seated position and striking her head on the wall. Presenting complaints consisted of cervical, thoracic, and lumbar pain, though the bulk of the treatment has been directed towards the lumbar spine. There is no mention of any specific wrist injury. Lumbar MRI showed multi-level disc bulges. Pain management consultation was obtained on July 15, 2013. Epidural and facet injections were performed, but the records do not indicate that they provided lasting relief or significant functional improvement. No prior physical therapy is described. The reason for aquatic therapy is not present. These records do not document any pulmonary disorder or any chronic sleep disorder. The most recent evaluation notes pain and numbness in both legs, forearms, and wrists (the wrist complaints appear to be new). The diagnoses include headache, cervical radiculopathy, cervical sprain/strain, thoracic sprain/strain, lumbar radiculopathy, and lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 TIMES 4: Upheld

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

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

Decision rationale: Aquatic therapy is recommended when reduced weight bearing is desirable. Although aquatic therapy may be utilized as an alternative form of therapy, in this case there is no documentation of response to previous therapy, no specific therapeutic plan regarding the aquatic therapy, and no set goals to achieve with the aquatic program. Therefore, the proposed aquatic therapy is not medically necessary.

MRI OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

Decision rationale: No specific diagnosis has been provided regarding the right wrist. Non-specific symptoms are described, and the physical examination does not show objective evidence of pathology. Given the lack of specific findings, advanced imaging studies are not indicated.

MRI OF THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

Decision rationale: No specific diagnosis has been provided regarding the left wrist. Non-specific symptoms are described, and the physical examination does not show objective evidence of pathology. Given the lack of specific findings, advanced imaging studies are not indicated.

PULMONARY AND RESPIRATORY DIAGNOSTIC TESTING: 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) Work Loss Data Institute Guidelines - Pulmonary (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pulmonary, Pulmonary Function Testing

Decision rationale: Pulmonary function testing is separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in

one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75). The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO). Lung volumes can be assessed by traditional methods or by using plethysmography, requiring the use of a body box. The latter test can also test for airflow resistance and conductance. Other tests of pulmonary function useful in asthma include the spirometry before and after the use of a bronchodilator or after the use of a bronchoconstrictor (generally followed by a bronchodilator). The use of a bronchoconstricting agent is termed "bronchoprovocation" and commonly used agents include chemical agents (acetylcholine, methacholine, and putative occupational chemical exposures), physical agents (cold air, dry air), and exercise. Also useful in asthmatics is the use of peak flow meters to determine the presence of asthma, the response to treatment, and exacerbations of asthma. Recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. In summary, pulmonary function testing is recommended for pre-operative evaluation in patients who may have pulmonary disease, or for the evaluation of work-related asthma or chronic lung disease. The records do not indicate the presence of pulmonary disease, nor do they indicated that the employee has any planned surgery that would need pre-operative pulmonary evaluation. Therefore, the necessity for pulmonary function testing has not been established.

SLEEP DISORDERED BREATHING STUDY: 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) Work Loss Data Institute Guidelines - Pain (Chronic), Polysomnography

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

Decision rationale: A sleep study (polysomnography) is indicated for specific clinical circumstances (i.e. six months of insomnia not responsive to behavior intervention or medication, excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy, morning headache [other causes have been ruled out], intellectual deterioration (sudden, without suspicion of organic dementia), personality change [not secondary to medication, cerebral mass or known psychiatric problems, or sleep-related breathing disorder or periodic limb movement disorder is suspected). The records do not document the presence of any of these conditions. Therefore, the proposed sleep study is not medically necessary.