

Case Number:	CM13-0067819		
Date Assigned:	01/03/2014	Date of Injury:	11/21/2010
Decision Date:	06/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 47 year old male with date of injury 11/21/10. The treating physician report dated 11/13/13 indicates that the patient presents with pain affecting the neck, mid back, low back, right shoulder, paresthesia of the hands, depression, headaches and erectile dysfunction due to chronic pain. The current diagnoses are status post concussion with post traumatic headaches, cervical strain with disc bulges at C4/5 per MRI with probable cervical radiculitis, thoracic strain, lumbar strain, right shoulder impingement and rotator cuff tear, bilateral carpal tunnel syndrome status post right carpal tunnel release on 3/5/13, debridement of TFCC tear on 3/5/13, and left carpal tunnel release on 9/10/13, bilateral cubital tunnel syndrome, secondary depression with anxiety due to chronic pain, and erectile dysfunction due to chronic pain from above diagnoses. The utilization review report dated 12/9/13, approved 1 follow up visit in 8 week; denied one neurosurgery consultation, one MRI of thoracic spine, 8 chiropractic/physical therapy visits; and conditionally non certified one psychological consultation and one comprehensive metabolic panel and CBC.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE NEUROSURGERY CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The patient presents with chronic pain affecting the neck, mid back, low back, buttocks and legs, right shoulder, paresthesia of the hands, depression, headaches and erectile dysfunction. The patient has continued lumbar pain with persistent left lumbar radicular signs and symptoms. The current treating physician feels that additional expertise may be required. The request for one neurosurgery consultation is medically necessary and appropriate.

ONE MRI OF THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The Official Disability Guidelines (ODG) state that MRI scan is recommended for "Upper back/thoracic spine trauma with neurological deficit." There is no documentation indicating that the patient has any neurological compromise or any red flags to indicate that the patient has ligamentous instability, significant change in symptoms or findings suggestive of significant pathology. The request for one MRI of the Thoracic spine is not medically necessary and appropriate.

EIGHT CHIROPRACTIC PHYSICAL THERAPY VISITS: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state, "Low back: Recommended as an option. Therapeutic care -Trial of 6 visits over 2 weeks, with evidence of objective functional Final Determination Letter for [REDACTED] improvement, total of up to 18 visits over 6-8 weeks." The treating physician in this case has documented that the initial trial of 6 chiropractic treatments provided objective functional improvement and was able to decrease medication use and increase function. The request for eight chiropractic physical therapy visits is medically necessary and appropriate.