MAXIMUS Federal Services

Case Number:	CM13-0072131		
Date Assigned:	01/08/2014	Date of Injury:	06/24/2013
Decision Date:	05/13/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 06/24/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with sprain of an unspecified site of the wrist, displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, sprain and strain of the ankle, brachial neuritis or radiculitis, and thoracic/lumbosacral neuritis/radiculitis. The patient was seen by [redacted] on 11/21/2013. The patient reported 8/10 lower back pain, left hip pain, right wrist pain, right shoulder pain, and left ankle pain. Physical examination revealed radiating pain into the right upper extremity as well as numbness and tingling in bilateral lower extremities. Treatment recommendations at that time included an MRI of the cervical and lumbar spine, Extracorporeal Shock Wave Therapy (ESWT), a psychological consultation, a Functional Capacity Evaluation, physical therapy twice per week for 6 weeks, acupuncture once per week for 6 weeks, VSNCT, Localized Intense Neurostimulation Therapy (LINT), a Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase, a lumbar brace, and an x-ray of the cervical spine, right wrist, left ankle, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE TREATMENT: Upheld

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

Treatment for Workers' Compensation (TWC), 9th Edition, Low Back and Thoracic (Acute & Chronic) & Ankle and Foot, updated 12/04/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 298-300.

Decision rationale: This is a nonspecific request and does not include the specific body part, frequency or duration of treatment. Therefore, the request is not medically appropriate and is non-certified.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), Evaluation & Management (E&M), 2nd Edition, 2004, pages 137-138. Additionally, (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), 9th Edition, Fittness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92. Additionally, Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. Official Disability Guidelines state Functional Capacity Evaluation can be considered if case management is hampered by complex issues and the timing is appropriate. A Functional Capacity Evaluation should not be completed for the sole purpose of determining a worker's effort or compliance. As per the documentation submitted, there is no evidence of previous unsuccessful return to work attempts. There is no documentation of a defined return to work goal or job plan. The patient is pending authorization for several methods of conservative treatment. Based on the clinical information received, the request is non-certified.

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), 9th Edition, Physical Therapy (PT).

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

Decision rationale: This is a nonspecific request and does not include the specific body part, frequency or duration of treatment. Therefore, the request is not medically appropriate and is non-certified.

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 5-9.

Decision rationale: This is a nonspecific request and does not include the specific body part, frequency or duration of treatment. Therefore, the request is not medically appropriate and is non-certified.

LOCALIZED INTENSE NEUROSTIMULATION THERAPY (LINT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), 9th Edition, Low Back and Thoracic (Acute & Chronic) updated 12/04/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 298-300.

Decision rationale: This is a nonspecific request and does not include the specific body part, frequency or duration of treatment. Therefore, the request is not medically appropriate and is non-certified.

VOLTAGE ACTUATED SENSORY NERVE CONDUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), 9th Edition, Low Back and Thoracic (Acute & Chronic) updated 12/04/2013 and Neck and Upper Back Acute & Chronic) updated 12/16/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 298-300.

Decision rationale: This is a nonspecific request and does not include the specific body part, frequency or duration of treatment. Therefore, the request is not medically appropriate and is non-certified.

TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence of a failure to respond to other appropriate pain modalities. There is no documentation of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. There is also no evidence of a successful 1 month trial prior to the request for a purchase. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

MD CONSULTATION FOR MEDICATION MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG); Evaluation & Management (E&M), 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92.

Decision rationale: The California MTUS Guidelines state 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. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. The patient's current medication list was not provided for review. The medical necessity for a physician consultation for medication management has not been established. As such, the request is non-certified.