MAXIMUS Federal Services

Case Number:	CM14-0001022		
Date Assigned:	01/22/2014	Date of Injury:	04/26/2011
Decision Date:	08/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine 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:

This is a 50 year-old female who has reported widespread pain and mental illness after an injury on April 26, 2011. Electrodiagnostic testing reportedly showed bilateral carpal tunnel syndrome and lumbar radiculopathy. Trigger point impedance imaging dated December 09, 2013 reportedly showed "lumbar spine and myofascial pain syndrome". LINT was then applied after the test. A cervical spine MRI dated May 27, 2011 showed multilevel spondylosis. A urine drug screen on 11/11/13 was reportedly negative for the prescribed Hydrocodone. Diagnoses have included neck and back pain, herniated disks, carpal tunnel syndrome, and myofascial pain, trigger points, and shoulder impingement. Treatment has included NSAIDs, opioids, topical analgesics, physical therapy, LINT, bilateral carpal tunnel release, lumbar epidural steroid injections, and a left shoulder arthroscopic surgery in June 2013. The primary treating physician is a chiropractor, who has prescribed the items currently under Independent Medical Review. The injured worker has been treated by more than five medical doctors over the last year. A pain management referral was requested and certified in Utilization Review early in 2013. The specific results of that referral were not discussed by the primary treating physician.On 11/12/13 the treating chiropractor noted "stress, anxiety, and depression related to her pain"; trigger points and spasm in the low back, shoulder-neck-low back-extremity symptoms, and chest and lung pain. Multifocal tenderness, spasm, limited range of motion, sensory deficits, and other physical signs were listed. There was no specific description of trigger points as discussed in the MTUS. The treatment plan included chiropractic, LINT, extracorporeal shock wave lithotripsy, pain management (with a physician whose name whose name is not present in the medical records), psyche consult, and "temporarily totally disabled" work status. Specific indications for the items in the treatment plan were not discussed.On 12/11/13, a treating MD noted ongoing neck, back, and shoulder pain. The note was partially illegible. The treatment plan included electrodiagnostic

testing, pain management, medications, physical therapy, neurologist and orthopedic referrals, urine drug screen, and a functional capacity evaluation. On 12/24/13 this physician requested authorization for LINT and trigger point impedance imaging. On 12/18/13 another treating MD noted neck and back pain, and prescribed Anaprox and Prilosec. Norco was stated to be prescribed by the surgeon. Trigger point injections were given and a lumbar epidural steroid injection was prescribed.On 12/24/13, work status was "temporarily totally disabled" through 2/5/14.On December 16, 2013 Utilization Review non-certified chiropractic treatment for the neck and back, LINT for the spine, trigger point impedance imaging, extracorporeal shockwave therapy for the shoulders, pain management consultation and psyche consultation. Decisions were made based on treatment guidelines when available, and for some requests the lack of evidence and treatment guidelines was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the neck and back qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request to Independent Medical Review is for an unspecified quantity and duration of this treatment. Chiropractic treatment, per the MTUS, should begin with a short term trial, and the results should be closely monitored. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Chiropractic treatment is not medically necessary based on lack of a sufficiently specific request, in addition to any other reasons. Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The treating physician has stated that the patient is temporarily totally disabled, which implies near bed-bound status, inability to perform most ADLs, and inability to perform nearly all exercise. Given that the focus of manipulative therapy is functional improvement, temporarily totally disabled is not an appropriate starting point for therapy, and does not represent a sufficient emphasis on restoring function. Given that the focus of manipulative therapy is functional improvement, function (including work status or equivalent) must be addressed and accurately described as a starting point for therapy. No manual and manipulative therapy is medically necessary based on the lack of emphasis on functional restoration and a prescription which is not consistent with that recommended in the MTUS.

Localized intense neurostimulation therapy (LINT) for the spine, 2 times a week for 3 weeks qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point diagnosis and injections Page(s): 122. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Electrical Stimulation for Pain.

Decision rationale: The MTUS does not address LINT. The evidence-based guideline from Aetna was used as an alternative. The only possible indications for electrical stimulation per the medical evidence are those using TENS and PENS, and not for any of the diagnoses present in this injured worker. The treating physician has not provided any information about the specific indications for LINT as supported by good medical evidence. LINT is presumably for treatment of trigger points. The necessary criteria for the diagnosis of trigger points, as per the MTUS, were not described in the medical reports, and thus any treatments for trigger points are not medically necessary. In addition, there is a lack of good medical evidence for LINT.

Extracorporeal shockwave therapy for the shoulders (frequency/duration unspecified): 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), Treatment Index, 9th Edition (web), Ultrasound Therapeutic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The MTUS, cited above, provides a limited recommendation for extracorporeal shock wave lithotripsy for calcifying tendinitis of the shoulder. That condition is not present in this injured worker. According to the Official Disability Guidelines, criteria for use of extracorporeal shockwave therapy for the shoulders include a diagnosis of calcifying tendinitis despite six months of standard treatment. At least 3 conservative treatments should have been performed, including rest, ice, NSAIDs, orthotics, physical therapy, and cortisone injections. In this case, there is no documentation of calcifying tendinitis of the shoulder to support this request. Therefore, the request for extracorporeal shockwave therapy for the shoulders is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1.

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) Pages 180, 210, 306; physiatry referrals for non-surgical pain.

Decision rationale: The primary treating physician has not provided specific indications for this referral. A pain management evaluation was already requested and certified in 2013. The results were never discussed by the requesting physician. The injured worker has seen many physicians over the last year, some of whom are already dispensing and prescribing pain medications and prescribing other pain procedures. It is not clear what is intended by yet another referral, and how it will improve the treatment plan for this injured worker who is already treated by a large quantity of physicians. The MTUS does not address "pain management" as a specialty, but does recommend a physiatrist referral for patients with non-surgical pain. Although it is possible that this patient might need yet another referral, the treating physician would need to provide a rationale in light of all the physicians already treating this injured worker for pain conditions. The referral is not medically necessary as requested, as it does not adequately address medical necessity.

Psyche consultation due to pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Evaluation of the injured worker, Pages 23-33; Recommendations for psychological evaluation, including evaluation by the primary treating physician, Pages 391-397.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient notes symptoms of stress, anxiety, and depression. However, there is no recent documentation describing the patient's psychological symptoms, or of failed therapeutic trials. Additional information is necessary to support this request. Therefore, the request for psyche consultation due to pain was not medically necessary.

Trigger Point Impedance Imaging (TPII), 1 time per week for 6-12 weeks qty: 12.00: Upheld

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

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

Decision rationale: The treating physician has provided no specific medical evidence in support of this test. The treating physician has not provided the specific clinical information required for diagnosis of trigger points as per the MTUS. This test is not supported by good medical evidence, and is not a recommended test for trigger points per the MTUS citation listed above.

The test is apparently intended for use with LINT, a treatment which is also not supported by good medical evidence and not part of the recommended treatment for trigger points per the MTUS. This test is not medically necessary based on lack of good medical evidence and the MTUS recommendations for diagnosis and treatment of trigger points.