MAXIMUS Federal Services

Case Number:	CM14-0001802		
Date Assigned:	01/22/2014	Date of Injury:	04/16/2004
Decision Date:	06/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 4/16/04. A utilization review determination dated 12/17/13 recommends non-certification of a lift chair, craniofacial specialty consult, and pain management follow-ups. The 12/4/13 (10/29/13 exam date) medical report identifies neck pain 7/10 3 months status post revision fusion of the cervical spine. She reports persistent numbness in both hands. On exam, she has hypersensitivity surrounding the posterior surgery site of the cervical spine. There is decreased sensation in the C6 dermatome bilaterally. Upper extremity motor exam is limited by pain and there is give way weakness. Deltoid, biceps, internal and external rotators, wrist extensors and flexors, and triceps are 4/5 bilaterally. A lift chair was recommended as the patient states that she is unable to safely go up and down the stairs because of her neck and back pain and leg weakness. Craniofacial specialty consultation was recommended due to persistent TMJ complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIFT CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable medical equipment (DME).

Decision rationale: Regarding the request for a lift chair, California MTUS does not address the issue. ODG notes that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury. Within the documentation available for review, there is documentation that the patient states that she is unable to safely go up and down the stairs because of her neck and back pain and leg weakness. However, there is no documentation of any quantified leg weakness or a clear rationale identifying why the neck and back pain is such that utilizing stairs with proper handrails would be unsafe. Furthermore, there is no documentation of supporting documentation such as a home evaluation to identify safety issues in the home for a patient with significant weakness and/or other pathology such that ambulation within the home is risky. In light of the above issues, the currently requested lift chair is not medically necessary.

CRAINIOFACIAL SPECIALTY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine, Chapter 7.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations, Chapter 7, Page 127.

Decision rationale: Regarding the request for crainiofacial specialty consult, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the consultation is requested on the basis of persistent TMJ complaints, but no specific symptoms and/or findings suggestive of this condition are documented. In the absence of such documentation, the currently requested crainiofacial specialty consult is not medically necessary.

PAIN MANAGEMENT FOLLOW UPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine, Chapter 7.

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: Regarding the request for pain management follow ups, California MTUS does not specifically address the issue. ODG notes that office visits are recommended as determined to be medically necessary, as they play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." Within the documentation available for review, there is no documentation of the treatment provided by pain management and the patient's response to treatment to demonstrate the need for ongoing follow-up visits. In light of the above issues, the currently requested pain management follow ups are not medically necessary.