

Case Number:	CM14-0001844		
Date Assigned:	01/22/2014	Date of Injury:	10/17/2011
Decision Date:	03/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, depression, and anxiety reportedly associated with an industrial injury of October 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; prior right shoulder surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of December 27, 2013, the claims administrator modified request for a one-month trial of a neurostimulator device to a one-month trial of a TENS unit; partially certified request for eight sessions of acupuncture at six sessions of acupuncture; and denied request for a pain management consultation, an EKG, echocardiogram, and further physical therapy. The applicant's attorney subsequently appealed. A later note of January 10, 2014 is notable for comments that the applicant reports persistent neck and shoulder pain. The applicant also has psychological complaints reportedly attributed to chronic pain, including anxiety, depression, and insomnia. The applicant is asked to remain off of work, on total temporary disability. An earlier note of December 11, 2013 is notable for comments that the applicant is asked to pursue acupuncture, physical therapy, a sleep study, electrodiagnostic testing, and obtain an echocardiogram and EKG owing to issues with hypertension. The applicant was again placed off of work, on total temporary disability. The applicant's blood pressure was 140/105 on this visit and was 120/72 on a subsequent January 10, 2014 visit

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Neuromuscular electrical stimulation (NMES devices.).

Decision rationale: One of the components in the proposed device, EMS, is a form of neuromuscular stimulation (NMES). The MTUS Chronic Pain Guidelines note that neuromuscular stimulation is not recommended in the chronic pain context present here. Rather, neuromuscular stimulation is only recommended in the post stroke rehabilitative context. In this case, however, there is no evidence that the applicant sustained or suffered a stroke. For all of the stated reasons, then the request is not medically necessary and appropriate.

Acupuncture therapy two times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS Acupuncture Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, however, the eight-session course of treatment proposed by the attending provider was in excess of MTUS Guidelines' parameters. Consequently, the request is not medically necessary and appropriate.

Pain management for cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead a primary treating provider to reconsider the operating diagnosis and decide whether specialty evaluation is necessary. In this case, the applicant's longstanding neck and shoulder pain issues should lead the attending provider to reconsider the operating diagnosis and seek consultation with a physician specializing in chronic pain. Accordingly, the request is medically necessary and appropriate.

EKG and echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004319>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape,
<http://emedicine.medscape.com/article/1894014-overview> and
<http://emedicine.medscape.com/article/1820912-overview#aw2aab6b2b2>

Decision rationale: As noted in Medscape, indications for EKG testing include evaluation of individuals with implanted defibrillators, pacemakers, to detect myocardial injury, to detect prior infarction, and/or to detect ischemia. In this case, however, the attending provider seemingly seeks to perform EKG testing to evaluate hypertension. This is not a recommended indication for EKG testing, per Medscape. Medscape identifies that indications for echocardiography include structural visualization of the pericardium, structural visualization of the left and/or right ventricle to evaluate for hypertrophy, dilatation, wall motion abnormality, to evaluate the cardiac valves, and/or to image blood flow. In this case, however, the attending provider did not clearly state why or for what purpose he was seeking echocardiography. While the applicant did apparently have a history of hypertension, the extent, and duration of the applicant's hypertensive issues was not clearly described. It is not clearly stated that the attending provider suspected any structural or wall motion abnormality here. Therefore, the request for EKG and echocardiogram is not medically necessary and appropriate.

Physical therapy two times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, and 8.

Decision rationale: The applicant had had prior unspecified amounts of physical therapy over the life of the claim. While page 99 of the MTUS Chronic Pain Guidelines do support a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, seemingly present here, page 8 of the MTUS Chronic Pain Guidelines does note that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there is no such evidence of functional improvement in the medical records provided for review. The fact that the applicant remains off of work, on total temporary disability, and is consulting numerous providers in numerous specialties, taken together, implies a lack of functional improvement with prior physical therapy treatment. Therefore, the request is not medically necessary and appropriate.