

Case Number:	CM14-0111716		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2000
Decision Date:	09/12/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 62 years old female with an injury date on 01/20/2000. Based on the 07/02/2014 progress report provided by [REDACTED], the diagnoses are: Cervical spine disc bulges; Thoracic spine disc bulge; lumbar spine disc bulge; Right shoulder strain; Left shoulder strain; Right elbow strain; Left elbow strain; Right wrist/hand strain; Left wrist hand strain; Right knee strain; Left knee strain; Right ankle/foot strain; and left ankle/foot strain. There were no subjective, objective and exam findings provided in all the reports submitted by [REDACTED]. However, a psychological re-evaluation report dated 03/13/2014 by [REDACTED] was provided. According to this report, the patient complains of neck, back, shoulder, and leg pain. The patient also presents with insomnia issue and some balances issue. The patient was administered a Beck Depression Inventory II with a score of 16/63 (low end of moderate range) and a Beck Anxiety Inventory with a score of 14/63 (slight range). There were no other significant findings noted on this report. The utilization review denied the request on 07/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/30/2014 to 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs) page 46, 47.

Decision rationale: The treater is requesting Lumbar epidural injection. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the reports show that while the patient is described as experiencing "leg pain," the treater does not discuss MRI or other imaging studies that would corroborate the patient's leg symptoms and no examination is provided. The request lacks the specific documentation as required by the guidelines. Recommendation is for denial.

SHOCKWAVE THERAPY; ONE TIME A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: The treater is requesting shockwave therapy, 1time a week for 6 weeks. MTUS does not discuss ESWT, however ODG guidelines does discuss ESWT, "Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection." Review of the reports show no documentation of "calcific tendinitis." The treater does not explain for what diagnosis the shock treatment is for. Recommendation is for denial.

Aquatherapy; six sessions (1 time per week for 6weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98, 99.

Decision rationale: The treater is requesting 6 sessions of aqua therapy but the treating physician's report and request for authorization containing the request are not included in the file. Regarding aquatic therapy, MTUS guidelines recommend as an option for land-based PT in patients that could benefit from decreased weight-bearing. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the reports from 01/30/2014 to 07/02/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treater does not discuss why weight reduced exercise would benefit this patient, and no documentation regarding extreme obesity. There is no discussion as to what is to be accomplished with additional therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.

Acupuncture; six visits (1time per week for 6 weeks): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The treater is requesting 6 sessions of acupuncture. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. A review of the reports does not show any prior acupuncture reports and it is not known whether or not the

patient has had acupuncture in the past. In this case, the requested 6 sessions appear reasonable as MTUS allows up to 3-6 sessions of trial. Recommendation is for authorization.

FOLLOW UP WITH ORTHOPEDIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: The treater is requesting follow up with Orthopedist. Regarding consultations, ACOEM states that the 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 treater does not mention the rationale for this request but given the patient's orthopedic problems, follow-up should be allowed. Recommendation is for authorization.