MAXIMUS Federal Services

Case Number:	CM14-0114340		
Date Assigned:	08/06/2014	Date of Injury:	09/27/2003
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 injured worker is a 63-year-old male who reported injury on 09/27/2003, reportedly caused from probable solvent encephalopathy from solvent exposure during his 1986 through 2004 employment as a mechanic without adequate skin protection. The injured worker's treatment history included medications, multiple injections in the lumbar spine, MRI, and CT scan. The injured worker had undergone an MRI on 10/22/2004 that revealed chronic strain and sprain over the cervicothoracic spine associated musculoligamentous structures with multilevel cervical disc disease with 3.0 mm disc bulge at C3-4 and C4-5 and 2.0 mm disc bulge at C5-6. Chronic strain and sprain of the lumbosacral spine associated with musculoligamentous structures with 2.6 mm disc bulge at L2-3, 2.3 mm disc bulge at L3-4, 4.8 mm disc bulge at L4-5, and 6.0 mm central and left sub articular disc protrusion at L5-S1, there is also bilateral facet arthropathy and ligamentum flavum hypertrophy, which altogether produce moderate left and right neuroforaminal encroachment. The injured worker was evaluated on 05/12/2014 and it was documented the injured worker complained of low back pain. The provider noted the injured worker's functional change was worse and he had increased pain and weakness. It was noted the injured worker had psych issues. The injured worker was evaluated on 05/12/2014, and it was documented that the injured worker has morphea, also known as dermatologic scleroderma. Diagnoses include history of long term exposure to organic solvents and other chemicals, industrially related with sphenoid and bilateral maxillary sinus, probably secondary to the above, right shoulder tendinitis and impingement, chronic strain and sprain of the cervicothoracic spine associate musculoligamentous structures with multilevel cervical disc disease with 3.0 mm disc bulge at C3-4 and C4-5 and 2.0 mm disc bulge at C5-6, internal derangement of the left knee, recent episode of asthmatic bronchitis, cutaneous scleroderma, morphea with reoccurrence despite PUVA therapy, hypertension, sleep apnea, GERD, recent onset of hemorrhoids, history

of asbestos exposure with findings of scarring within left lung basis, most likely sequelae prior inflammatory process, and ongoing depression somewhat improved after overdose. The Request for Authorization dated 06/14/2014 was for DME for home modifications, ongoing dermatologic care, supportive psychiatric treatment, and facet and epidural injections, and radiofrequency ablation of the affected facet nerve, for ongoing treatment of back pain. Rationale for the dermatologic treatment is for his cutaneous scleroderma, morphea with reoccurrence despite PUVA therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME for home modifications: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable Medical Equipment.

Decision rationale: Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The request submitted failed to indicate what required DME home modifications are needed for the injured worker. As such, the request for DME home modifications as previously requested is not medically necessary.

Ongoing Dermatologic Care-unspecified: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Office Visits.

Decision rationale: Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment In addition, the documents failed to indicate longevity of medication usage for the injured worker there is lack of documentation of long-term goals regarding functional

improvement. The documents submitted for review failed to provide the records from the Dermatologist. Given the above, the request for ongoing dermatologic care unspecified is not medically necessary.

Supportive psychiatric treatment unspecified: 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 Behavioral Intervention Page(s): 23.

Decision rationale: Per MTUS guidelines, it states that cognitive behavioral therapy is for initial therapy for those "at risk" patients. It states to consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone or initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6 to 10 visits over 5 to 6 weeks individual sessions. The injured worker was evaluated on 05/12/2014 and it was documented that the injured worker depression somewhat improved after overdose. The documents submitted lacked injured worker long-term functional improvement goals. In addition, the request failed to indicate frequency and duration of psychotherapy treatment. Given the above, the request for supportive psychiatric treatment is not medically necessary.

Facet and Epidural Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatemnt in Workers Compensation, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. According to the MTUS/ACOEM guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus

medial branch diagnostic blocks. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for right hip steroid sacroiliac joint injection is not medically necessary.