

Case Number:	CM14-0142535		
Date Assigned:	10/13/2014	Date of Injury:	12/08/1997
Decision Date:	11/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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:

According to the records made available for review, this is a 49-year-old female with a 12/8/97 date of injury. At the time (6/3/14) of request for authorization for gastrointestinal consultation, physical therapy three times a week for one month, balance therapy three times a week for one month, aqua therapy three times a week for one month, acupuncture three times a week for a month, Dizziness test, Follow up with neurosurgeon, Functional capacity evaluation (FCE), Dental consultation, Cognitive study, and Sleep study, there is documentation of subjective (depression, photophobia with headaches, bilateral ear pain, tinnitus, dizziness, frequent fall with imbalance and vertigo, severe insomnia, and TMJ pain) and objective (positive Romberg test; craniocervical, bitemporal, and bifrontal tenderness; bilateral TMJ tenderness; anxious and apprehensive; decreased speech fluency; decreased sensitive over the lower and upper extremities; and swelling in the legs) findings. The current diagnoses are toxic exposure, dyspnea, cephalgia and dizziness, history of syncope, cervical/thoracic/lumbar radiculopathy, epigastric burning pain, cognitive problems, emotional distress, sleep disturbance, and pulmonary difficulties. The treatment to date includes at least 6 previous treatments for balance training, physical therapy treatments, acupuncture treatments, and medications. The number of previous physical therapy and acupuncture treatments cannot be determined. Medical report identifies a request for videonystagmogram tests to evaluate dizziness/vertigo as well as pending treatments with a neurosurgeon. Regarding gastrointestinal consultation, there is no (clear) documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding physical therapy three times a week for one month, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a

result of previous physical therapy treatments. Regarding balance therapy three times a week for one month, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous balance therapy. Regarding aqua therapy three times a week for one month, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding acupuncture three times a week for a month, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments to date. Regarding Functional capacity evaluation (FCE), there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Regarding Dental consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding Cognitive study, there is no documentation of traumatic brain injury, concussions when symptoms persist beyond 30 days, and test conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Regarding Cognitive study, there is no documentation of traumatic brain injury, concussions when symptoms persist beyond 30 days, and test conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Regarding Sleep study, there is no documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastrointestinal consultation: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Independent Medical Examinations and consultations, page 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of a diagnosis of epigastric burning pain. However, given no documentation of a rationale identifying the medical

necessity of the requested consultation, there is no (clear) documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for gastrointestinal consultation is not medically necessary.

Physical therapy three times a week for one month: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic and Neck and Upper Back, Physical Therapy (PT), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 10 visits over 8 weeks. Official Disability Guidelines also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic/lumbar radiculopathy. In addition, there is documentation of previous physical therapy treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy three times a week for one month is not medically necessary.

Balance therapy three times a week for one month: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Vestibular PT rehabilitation, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies documentation of vestibular complaints (dizziness and balance dysfunction), such as with TBI/concussion, as criteria necessary to support the medical necessity of vestibular rehabilitation. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cephalgia, dizziness, and history of syncope. In addition, there is documentation of at least 6 previous treatments for balance training. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous balance therapy. Therefore, based on guidelines and a review of the evidence, the request for balance therapy three times a week for one month is not medically necessary.

Aqua therapy three times a week for one month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Aquatic Therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). Official Disability Guidelines identifies visits for up to 10 visits over 8 weeks in the management of radiculitis. In addition, Official Disability Guidelines also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic/lumbar radiculopathy. However, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested aqua therapy three times a week for one month exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for aqua therapy three times a week for one month is not medically necessary.

Acupuncture three times a week for a month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic/lumbar radiculopathy. In addition, there is documentation of previous acupuncture treatments. However, there is no documentation of the number of previous acupuncture treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments to date. Therefore, based on guidelines and a review of the evidence, the request for acupuncture three times a week for a month is not medically necessary.

Dizziness test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.keyhearing.com/videonystagmography/vmg.aspx

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/200_299/0238.html

Decision rationale: MTUS and Official Disability Guidelines do not address the issue. Medical Treatment Guideline identifies documentation of vestibular/ balance disorders as criteria necessary to support the medical necessity of videonystagmogram (VNG) tests. Within the medical information available for review, there is documentation of diagnoses of dyspnea, cephalgia and dizziness, history of syncope, cervical/thoracic/lumbar radiculopathy, and cognitive problems. In addition, there is documentation of a request for videonystagmogram tests

to evaluate dizziness/vertigo, subjective findings (tinnitus, dizziness, frequent fall with imbalance and vertigo), and previous balance therapy. Therefore, based on guidelines and a review of the evidence, the request for Dizziness test is medically necessary.

Follow up with neurosurgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, page 127

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cephalgia and dizziness, history of syncope, cervical/thoracic/lumbar radiculopathy, epigastric burning pain, and cognitive problems. In addition, given documentation of subjective (photophobia with headaches, bilateral ear pain, tinnitus, dizziness, and frequent fall with imbalance and vertigo) and objective (positive Romberg test; craniocervical, bitemporal, and bifrontal tenderness; bilateral TMJ tenderness; anxious and apprehensive; and decreased speech fluency), there is documentation of the medical necessity for a follow-up visit in order to monitor the patient's progress and make any necessary modifications to the treatment plan. Therefore, based on guidelines and a review of the evidence, the request for Follow up with neurosurgeon is medically necessary.

Functional capacity evaluation (FCE): 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), FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 137-138, Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. Official Disability Guidelines identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical

reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of toxic exposure, dyspnea, cephalgia and dizziness, history of syncope, cervical/thoracic/lumbar radiculopathy, epigastric burning pain, cognitive problems, emotional distress, sleep disturbance, and pulmonary difficulties. However, there is no documentation of indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional capacity evaluation (FCE) is not medically necessary.

Dental consultation: 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 Independent Medical Examinations and consultations, page 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of toxic exposure, dyspnea, cephalgia and dizziness, history of syncope, cervical/thoracic/lumbar radiculopathy, epigastric burning pain, cognitive problems, emotional distress, sleep disturbance, and pulmonary difficulties. However, despite documentation of subjective (TMJ pain) and objective (bilateral TMJ tenderness), and given no documentation of a rationale identifying the medical necessity of the requested consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Dental consultation is not medically necessary.

Cognitive study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.keyhearing.com/videonystagmography/vmg.aspx

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Neuropsychological testing

Decision rationale: MTUS does not address the issue. Official Disability Guidelines identifies that neuropsychological testing is indicated for severe traumatic brain injury, concussions when symptoms persist beyond 30 days, and test conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians, as criteria necessary to support the medical necessity of neuropsychological testing. Within the medical information available for review, there is documentation of diagnoses of dyspnea, cephalgia and dizziness, history of syncope, cervical/thoracic/lumbar radiculopathy, and cognitive problems. In addition, there is documentation of subjective findings (tinnitus, dizziness, frequent fall with imbalance and vertigo) and objective (positive Romberg test; craniocervical, bitemporal, and bifrontal tenderness; and decreased speech fluency) findings, there is no documentation of traumatic brain injury, concussions when symptoms persist beyond 30 days, and test conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Therefore, based on guidelines and a review of the evidence, the request for Cognitive study is not medically necessary.

Sleep study: 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), Pain Chapter, Polysomnography

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, Polysomnography

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded, as criteria necessary to support the medical necessity of polysomnography. Within the medical information available for review, there is documentation of a diagnosis of sleep disturbance. In addition, there is documentation of severe insomnia. However, there is no documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has

been excluded. Therefore, based on guidelines and a review of the evidence, the request for Sleep study is not medically necessary.