

Case Number:	CM14-0168817		
Date Assigned:	10/30/2014	Date of Injury:	08/05/1998
Decision Date:	12/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 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:

The patient is a 50-year-old female with date of injury of 08/05/1998. The listed diagnoses from 09/02/2014 are: 1. Depressive disorder, not otherwise specified with anxiety. 2. Psychological factors affecting medical condition (stress-intensified headache, TMJ syndrome, hair loss, teeth clenching, neck/shoulder/back muscle tension/pain, shortness of breath, palpitations, abdominal pain/cramping, constipation, and possible stress-aggravated asthma, high blood pressure, fibromyalgia, COPD/emphysema, and sleep apnea requiring CPAP machine use). 3. Polysubstance abuse (narcotics and opioids, in residual state since 2006). According to the 06/10/2014 report by the provider, the patient reports problem with eating, dressing, grooming, bathing, hearing, reading, writing, sleeping and activities of daily living. The patient states that she feels unstable, has crying spells and is depressed with mood swings. She underwent an occipital block with great benefit and one lumbar facet block on each side with great benefit, date of which is unknown. Acupuncture and aquatic therapy has not been done yet. She is scheduled to have a right knee arthrogram. Examination revealed swelling and slight heat in her right leg with calf tenderness. There were no other interval changes. The detox program has not yet started. The documents include a chest x-ray from 04/30/2014 and a colonoscopy procedure note from 05/28/2003. The utilization review denied the request on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3 x 4 to the Cervical and Lumbar Spines and Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy; Physical Medicine Page(s): 22;98-99.

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting Aquatic Therapy x12 for the Cervical and Lumbar Spines and Right Knee. The MTUS Guidelines, page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weightbearing such as extreme obesity. For the number of treatments, MTUS Physical Medicine, pages 98 and 99 states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The 03/28/2014 report notes that the patient complains of constant right knee pain that is sharp, throbbing, shooting, and pounding in character. She rates her pain a 3/10 while resting and 10/10 with activities. The pain radiates to her right leg. On examination of the right knee, there was tenderness to palpation noted over the medial and lateral joint lines. Manual muscle testing reveals 4/5 strength with flexion and extension. Range of motion was restricted due to pain. The report from 07/30/2014 shows the patient reports abdominal pain, constipation, and dysphagia. No clubbing, cyanosis, or edema. Extremities examination is deferred to the appropriate specialist. The records do not show that the patient has had previous aqua therapy sessions for the cervical and lumbar spines and right knee. In this case, while the patient reports chronic right knee pain, the provider does not discuss any weight bearing issues. In addition, the requested number of sessions exceeds MTUS recommended 8 to 10 visits. Therefore, Aqua therapy 3 x 4 to the Cervical and Lumbar Spines and Right Knee is not medically necessary.

Acupuncture 3 x 4 to the Cervical and Lumbar Spines and Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting 12 Acupuncture Sessions for the Cervical Spine, Lumbar Spine, and Right Knee. The MTUS Guidelines for acupuncture states that it is 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture therapy reports to verify how many treatments the patient has had and with what results. The 03/20/2014 report notes that the patient complains of constant right knee pain that is sharp, throbbing, shooting, and pounding in character. She rates her pain 3/10 while resting and 10/10 with activities. The pain radiates to the right leg, foot, and ankle. In this case, while a trial of acupuncture is reasonable, the requested 12 sessions exceeds MTUS recommended 3 to 6 initial visits. Therefore, Acupuncture 3 x 4 to the Cervical and Lumbar Spines and Right Knee is not medically necessary.

Land Physical Therapy 3 X 4 to the Cervical and Lumbar Spines and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting Land Physical Therapy 3 X 4 Cervical, Lumbar and Right Knee. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The 03/28/2014 report shows that the patient complains of right knee pain that is sharp throbbing, shooting, and pounding. She rates her pain 3/10 while resting and 10/10 with activities. The examination of the right knee shows tenderness to palpation over the medial and lateral joint lines. Manual muscle testing revealed 4/5 strength with flexion and extension. In this case, the patient's injury is from 1998 and it may be that the patient has had previous physical therapy in the past but this is not known. While a refresher course of physical therapy may be appropriate, the requested 12 sessions exceeds MTUS Guidelines. Therefore, Land Physical Therapy, 3 X 4 to the Cervical and Lumbar Spines and Right Knee is not medically necessary.

Cognitive study to compare to previous study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter for Greater Occipital Nerve Block (GONB)

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting a Cognitive Study to Compare to Previous Study. ACOEM do not address this, but ODG states under neuropsychological testing, "Recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate." This patient does not present with any brain injury. The patient is being treated for chronic pain. While cognitive behavior therapy is supported by the guidelines for chronic pain, neuropsychological testing is not. As such, Cognitive study to compare to previous study is not medically necessary.

Occipital block injections for headaches: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter for Greater Occipital Nerve Block (GONB)

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting Occipital Block Injection for Headaches. The MTUS and ACOEM Guidelines do not address this request, however, ODG under the Head Chapter for Greater Occipital Nerve Block (GONB) states, "Under study for use and treatment of primary headaches. Studies on these greater occipital nerve blocks (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration." The 07/29/2014 report notes that the patient's headache improved for 4 to 5 weeks after block injections. It is not known when the patient received prior occipital block, but given the lack of support from ODG with studies showing conflicting results Occipital block injections for headaches is not medically necessary.

Shower Chair for the Cervical and Lumbar Spines and Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, 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/Leg Chapter, Durable Medical Equipment

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting a shower chair. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG under Durable Medical Equipment recommend: 1. DME can withstand repeated use.2. Primarily and customarily used to serve a medical purpose.3. Generally not useful to a person in the absence of injury.4. Appropriate for use in the patient's home. The 03/28/2014 report notes that the patient complains of constant right knee pain that is sharp, throbbing, shooting, and pounding in character. She rates her pain 3/10 while resting and 10/10 with activities. The pain is associated with weakness, giving away, and swelling. Her pain radiates to the right leg foot and ankle. The patient's activities of daily living are severely affected due to this pain. She reports that the pain brings on in the morning and is worse in the evening and with standing, lifting, and walking. The examination of the right knee shows tenderness to palpation noted over the medial and lateral joint lines. Manual muscle testing reveals 4/5 strength with flexion and extension. Range of motion was restricted due to pain. The provider also references an MRI of the right knee performed on 02/26/2013 that was unremarkable. It is not known if the patient is able to self care. In this case, the patient does present with some difficulty in activities of daily living and the request for shower chair to assist with self care is reasonable. Therefore, Shower Chair for the Cervical and Lumbar Spines and Right Knee is medically necessary.

Special mattress for the Cervical and Lumbar Spines and Right Knee: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Mattresses, and Pain, Durable Medical Equipment

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting a special mattress. The MTUS and ACOEM Guidelines do not discuss orthopedic mattresses. ODG states, "Not recommended to use firmness as sole criteria." Tempur-pedic mattress seems better than hard-mattress but difference was small. Another study showed medium-firm mattress to be better than hard mattress but ODG concludes, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG also discusses durable medical equipment stating that it must be primarily and customarily used to serve a medical purpose, and generally not useful to a person in the absence of injury. In this case, there is lack of guidelines support for an orthopedic mattress to treat chronic pain, and it does not meet the criteria for durable medical equipment. Therefore, Special mattress for the Cervical and Lumbar Spines and Right Knee is not medically necessary.

Motorized wheelchair for the Cervical and Lumbar Spines and Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting a Motorized Wheelchair for the Cervical and Lumbar Spine and Right Knee. The MTUS Guidelines page 99 on power mobility devices states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." The 03/28/2014 report notes that the patient presents with right knee pain that is sharp, throbbing, shooting, and pounding in character. She rates her pain 3/10 while resting and 10/10 with activities. The pain is associated with weakness, giving away, and swelling. Her pain radiates to her right leg, foot, and ankle. The patient's activities of daily living are severely affected due to this pain. She reports that the pain brings on in the morning and is worse in the evening and with standing, lifting, and walking. In this case, it is unknown if a caregiver or family member is available to provide assistance with regards to the patient's mobility deficits. The patient does not present with any neurologic deficits of the upper extremity such that a cane, walker or manual wheel chair cannot be used. The patient has difficulty with ambulation due to pain but not due to hard neurologic deficit. As such, motorized wheelchair for the Cervical and Lumbar Spines and Right Knee is not medically.

Follow-up visit for the Cervical and Lumbar Spines and Right Knee: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: The patient presents with multiple areas of pain. The provider is requesting a followup visit. The ACOEM Guidelines, page 341, supports orthopedic follow-up evaluations as necessary. The utilization review authorized this request as well. Therefore, Follow-up for the Cervical and Lumbar Spines and Right Knee is medically necessary.