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| Case Number: | CM14-0174006 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 07/21/2014 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 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:

Injured worker is a female with date of injury 7/21/2014. Per clinical summary from the claims administrator dated 10/17/2014, the injured worker is being treated for the recent onset of multiple musculoskeletal complaints. She has been diagnosed with cervical spine and left trapezial musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis., 2 mm disc protrusion at L3-4 with L5-S1 stenosis and facet arthropathy per MRI on 3/10/2014, left wrist sprain/strain with de Quervain's tenosynovitis, left hip contusion/sprain/strain, and post-traumatic headaches. She currently presents with upper, mid and low back pain, left hip pain, left wrist and hand pain, headaches, and neck pain radiating to the left shoulder. Physical examination findings include decreased cervical, thoracic and lumbar spine, left hip, and left wrist ranges of motion. There is cervical, thoracic and lumbar region, left hip and left wrist tenderness, tenderness to palpation with hypertonicity/muscle guarding/spasm. There is neck pain on Spurling's test, positive straight leg raise test on the left, positive Patrick's test on the left, positive Finkelstein's and grind test on the left, and negative Tinel's sign and Phalen's test on the left. She has undergone treatment with medications and three session of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment, Quantity: 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement as a result of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. The claims administrator notes that the injured worker has been authorized 12 sessions of physical therapy, and has only completed 3 sessions. She reportedly is stating that the physical therapy is not working. The claims administrator recommends that the injured worker continue with physical therapy instead of acupuncture as the MTUS Guidelines recommend a trial of six sessions, and it is not uncommon for there to be increased symptoms upon initiating physical therapy. While these recommendations are sound, therapy also requires the cooperation of patients to include implementation of a home exercise program. The treating physician has determined to utilize acupuncture at this point in the treatment of this injured worker, which is supported by the MTUS Guidelines. The request for Acupuncture Treatment, Quantity: 6 sessions is determined to be medically necessary.

Interferential Stimulation Unit for home use, Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 167, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial and there is not indication that the injured worker has completed a one month trial. The unit is not recommended for use without the trial and document evidence of benefit. The request for Interferential Stimulation Unit for home use, Quantity: 1 is determined to not be medically necessary.

Single Point Cane, Quantity: 1: 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 (Chronic), Regarding Walking Aids (Canes, Crutches, Braces, Orthoses and Walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis chapter, Walking Aids section

Decision rationale: The MTUS Guidelines do not address the use of canes. The ODG does recommend the use of canes to reduce pain associated with osteoarthritis. The injured worker reports hip pain and there is tenderness on examination. There is no report of difficulty with walking or osteoarthritis. It is not evident that the injured worker has pain from walking that may benefit from the use of a cane. The request for Single Point Cane, Quantity: 1 is determined to not be medically necessary.

Neurological Consultation, Quantity: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The claims administrator notes that the injured worker had previously been identified to have symptoms and examination findings consistent with postconcussion syndrome. The injured worker has denied head injury or loss of consciousness, but there may have been jarring injury which could result in axonal injury. The claims administrator opinions that the the injured worker should have repeat evaluation of higher mental function and an adequate evaluation of her headaches, which the requesting provider is capable of performing, prior to considering a neurological consultation. The requesting physician is noted to be a specialist in orthopedic surgery. Referral to a neurologist is reasonable, and the request is consistent with the recommendations of the MTUS Guidelines. The request for Neurological Consultation, Quantity: 1 is determined to be medically necessary.