

Case Number:	CM14-0024620		
Date Assigned:	06/11/2014	Date of Injury:	07/31/2013
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 injured worker is a 32-year-old female who reported an injury on 07/31/2013. The mechanism of injury was not stated. Current diagnoses included cervical spine strain, right shoulder sprain, lumbosacral sprain, and cervicogenic headaches. The injured worker was evaluated on 03/07/2014. The injured worker reported persistent cervical spine pain. It is noted that the injured worker was recently evaluated in the emergency department secondary to severe pain, where she was given an injection of morphine. Physical examination was not provided on that date. Treatment recommendations included an appeal request for a neurology consultation, a psychological consultation, a pain management consultation, aquatic and physical therapy, and a prescription for Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT 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 (OGD).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The ACOEM guidelines state that referrals may be appropriate if the practitioner is uncomfortable with the line in inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no physical examination provided on the requesting date. There is no evidence of a comprehensive neurological examination. There is no mention of an attempt at conservative treatment prior to the request for a specialty referral. Therefore, the request for a neurology consult is not medically necessary.

PSYCHOLOGIST CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The ACOEM guidelines state that a referral may be appropriate if the practitioner is uncomfortable with the line in inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a psychological evaluation. There is no mention of an attempt at conservative treatment prior to the request for a specialty referral. Therefore, the request for a psychologist consult is not medically necessary.

A PAIN MANAGEMENT CONSULT FOR THE CERVICAL SPINE AND LUMBAR SPINE: 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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The ACOEM guidelines state that a referral may be appropriate if the practitioner is uncomfortable with the line in inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a physical examination on the requesting date. There is no evidence of an attempt at conservative treatment prior to the request for a specialty consultation. Based on the clinical information received, the medical necessity for the requested pain management consultation has not been established.

TWELVE VISITS OF AQUATHERAPY FOR THE CERVICAL SPINE, LUMBAR SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. There is no indication that this injured worker requires reduced weight bearing as opposed to land-based physical therapy. Additionally, there was no physical examination provided on the requesting date. The guidelines further state that physical medicine treatment for unspecified myalgia and myositis includes 9 visits to 10 visits over 8 weeks. The current request for 12 sessions of aquatic therapy exceeds guideline recommendations. Therefore, the requested 12 sessions of aquatic therapy are not medically necessary.

TWELEVE SESSIONS OF CONTINUE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no specific body part listed in the current request. There is also no evidence of a physical examination on the requesting date. Therefore, the requested 12 sessions of continued physical therapy are not medically necessary.

THREE SESSIONS OF SHOCKWAVE THERAPY TO RIGHT SHOULDER: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The ACOEM guidelines state that there is medium quality evidence to support high-energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. The injured worker does not maintain a diagnosis of calcifying tendinitis of the shoulder. Therefore, the medical necessity for the requested three sessions of shockwave therapy has not been established.

VICODIN 5/500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no frequency listed in the current request. Therefore, the request for Vicodin 5/500mg is not medically necessary.

TEROCIN PATCH 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. Therefore, the request for Terocin Patch 4% is not medically necessary.