

Case Number:	CM14-0025108		
Date Assigned:	06/11/2014	Date of Injury:	03/22/1994
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological Surgery, 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 records presented for review indicate that this 60 year old injured worker was reportedly injured on March 22, 1994. The most recent progress note is dated January 9, 2014, and indicates that there are ongoing complaints of "total body pain", chronic fatigue, and difficulty sleeping. The physical examination demonstrated no new joint swelling, a normal neurologic examination, no rheumatoid deformities and tenderness in the cervical spine. The clinical assessment was myalgia and myositis within internal derangement of the knee. Diagnostic imaging studies are not reported. A request had been made for a consultation with a pain management specialist for the purposes of conducting 2 separate epidural steroid injections and additional physical therapy for the cervical spine and lumbar spine and was not certified in the pre-authorization process on February 10, 2014. The handwritten progress note indicates that the injured employee has return to work. The remainder of the note is illegible. However, it is noted that this is a borderline hypertensive (130/85) individual who carries a diagnosis of hypertension, irritable bowel syndrome, GERD and fibromyalgia. Urine drug screening is completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PAIN MANAGEMENT SPECIALIST FOR CERVICAL EPIDURAL INJECTIONS AT C4-5 AND C5-6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: The purpose of a consultation is to seek assistance when a diagnosis is uncertain, extremely complex or that additional expertise is required. In this case, the multiple diagnoses have been established nearly two decades ago. It would appear that the care plan has been established in the purpose of this referral is simply to execute a not clinically indicated procedure. Therefore, when noting the parameters outlined in the ACOEM Guidelines, noting that this is not an overly complex situation and that the diagnosis has been established, there is no clear clinical indication presented for such a referral. This request is not medically necessary.

CONTINUED PHYSICAL THERAPY FOR CERVICAL SPINE;TWO TIMES PER WEEK FOR FOUR WEEKS 2X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: When considering the date of injury, the injury sustained, the treatment rendered and the physical therapy already completed, the injured individual could easily accomplish the intended goals with a home exercise protocol. As such, there is no clinical indication presented why additional physical therapy is medically necessary. As such, the request is not medically necessary and appropriate.

CONTINUED PHYSICAL THERAPY FOR THE LUMBAR SPINE ;2 TIMES X WEEK X5 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: When considering the date of injury, the injury sustained, the treatment rendered and the metaphysical therapy order completed, the injured individual could easily accomplish the intended goals with a home exercise protocol. As such, there is no clinical indication presented why additional physical therapy is medically necessary. Accordingly, this request is not medically necessary.