

Case Number:	CM14-0033843		
Date Assigned:	06/20/2014	Date of Injury:	05/17/2011
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/18/2014

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 male with date of injury 5/17/2011. Per neurosurgical/neurological consultation note dated 10/30/2013, the injured worker complains of headaches, which are localized to the top of his head and craniocervical region. He has lightheadedness with intermittent vertigo and imbalance. He has neck pain radiating into the right more than left proximal arms. He has tingling in his left hand, and is status post left carpal tunnel release surgery. He has pain in the left shoulder and left wrist. He has interscapular pain. He has low back pain with cramps going into his right leg with paresthesia and limping. He has right ankle pain with a history of claudication. He has right knee pain. He has frequent epigastric burning with bloating. He states that he has problems with memory and concentration. He is nervous. He has difficulty sleeping with fragmented sleep. His libido is alright, but he has pain with sexual activities. He had a seizure prior to the work accident. Subsequently they markedly worsened and now they have again improved to no seizures over the past 6 to 10 months. He states that he had difficulty with standing, walking, working, medium and heavy lifting, having sex, doing housework or riding in a vehicle. On exam he had craniocervical spasm. He had bitemporal more than bifrontal tenderness. His memory was decreased. He could only do serial sevens to 93. He had decreased left outer gaze during ductions examination, without diplopia. He had moderately weak left hand grip. He had decreased sensation at the left ventromedial arm and left hypothenar region. Sensation was decreased bilaterally at the outer thighs, legs and plantar surfaces of both feet. He had a mild limp with his right leg in all modalities of gait testing. He had mild swelling of both legs. He had lumbar more than cervical more than interscapular tenderness. He had left shoulder tenderness, left wrist tenderness, right knee and right ankle tenderness. Tinel's sign was positive at both wrists, greater on the left side than the right. Straight leg raising was to 70 degrees on the left side and 30 degrees on the right side. Deep tendon reflexes were normoactive

in the arms, hypoactive in the legs. Diagnoses include 1) posttraumatic craniotomy and seizures, unrelated to his work injury 2) aggravation of seizure disorder 3) probable concussion, postconcussion syndrome 4) cervical radiculopathy 5) lumbar radiculopathy 6) status post left carpal tunnel syndrome 7) pain in the shoulders 8) pain in the left wrist 9) pain in the right knee 10) cognitive impairment 11) emotional distress 12) sleep disturbance 13) weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The ACOEM Guidelines do not recommend the routine use of MRI with low back complaints. The MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. It is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The injured worker suffered a traumatic injury and has significant complaints and physical exam findings of radiculopathy. The examination does not identify specific nerve compromise. Lumbar spine imaging has previously been conducted, but is being requested now due to worsening of symptoms. The requesting physician also does not describe conservative measures that have failed, although it is noted that the injured worker was injured over two years ago. The anticipation of surgery is also not discussed in the clinical documents. Without these details explained by the requesting physician, the necessity of the MRI is not medically necessary.

MRI left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272.

Decision rationale: The injured worker is status post carpal tunnel release, and complains of left wrist pain with tingling. On exam, he has, positive Tinel's, a moderately weak grip, and decreased sensation of the hypothenar eminence. He also has tenderness to palpation. The injured worker's injury occurred over two years ago. The ACOEM Guidelines do not recommend the use of MRI as a routine evaluation tool for wrist injuries as most recover quickly and can be diagnosed without imaging. In the absence of red flags, conservative therapy should be utilized

for 6-8 weeks prior to imaging or special tests are considered. It is noted that the requesting physician conducted record review and on 6/9/2011, a neurologist recommended MRI on the left wrist/hand, but there are no reports to indicate that this had been done. The left wrist symptoms do appear to be worsening for this injured worker. This injury is chronic, and management of this injury may improve because of imaging. The request for MRI left wrist is medically necessary.

Acupuncture 3 x 4 left hand: Upheld

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 request for acupuncture three times per week for four weeks exceeds the recommended three to six sessions to produce functional improvement. The request for acupuncture 3 x 4 left hand is determined to be not medically necessary.

Physical therapy 3 x 4 left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines.

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

Decision rationale: Physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is recommended by the California MTUS Guidelines. The MTUS Guidelines recommend physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency as a self-directed home exercise program replaces the guided therapy. This injured worker may need physical therapy, but the request should be accompanied by previous participation and efficacy of physical therapy, the implementation of a home exercise program, and why additional physical therapy is being requested now. The request for physical therapy 3 x 4 left hand is not medically necessary.

Interferential Unit: Upheld

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

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

Decision rationale: The injured worker has multiple injuries and body parts with pain. The California 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 however, and the unit is not recommended for use without the trial and document evidence of benefit. The request for interferential unit is not medically necessary.