

Case Number:	CM14-0039286		
Date Assigned:	08/01/2014	Date of Injury:	06/01/2013
Decision Date:	09/11/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 this 52 year-old male was reportedly injured on June 1, 2013. The mechanism of injury is noted as a slip and fall type event. The most recent progress note, dated April 8, 2014, indicates that there are ongoing complaints of upper extremity and low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, no particular motor or sensory losses were identified. Electrodiagnostic studies were completed in April, 2014 and bilateral lower extremity examination was noted to be within normal limits. Magnetic Resonance Imaging (MRI) of the lumbar spine was completed in March, 2014 and noted disc desiccation at multiple levels, broad-based disc herniations at multiple levels and central spinal canal stenosis. Previous treatment includes multiple medications, pain management interventions and diagnostic studies. A request was made for Magnetic Resonance Imaging (MRI) and electrodiagnostic studies and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI for the left elbow DOS:7/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: When noting the mechanism of injury, the injury sustained, the finding of the physical examination tempered by the parameters outlined in the MTUS there is insufficient clinical information presented to support the need for a Magnetic Resonance Imaging (MRI) of the elbow. Therefore, a retrospective analysis cannot be supported based on the records presented for review. As such, this request is not medically necessary.

Retrospective request for EMG for the left elbow DOS: between 7/19/13 and 9/13/13:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As noted in the MTUS/ACOEM guidelines, diagnostic studies should be conducted in those individuals who have a clear clinical indication. Based on the progress notes presented for review there is no data presented to suggest the need for both diagnostic studies. Therefore, this was not medically necessary.

Retrospective request for NCS for the left elbow DOS:between 7/19/13 and 9/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As noted in the MTUS/ACOEM guidelines, diagnostic studies should be conducted in those individuals who have clear clinical indication. Based on the progress notes presented for review there is no data presented to suggest the need for both diagnostic studies. Therefore, this was not medically necessary.

Retrospective request for EMG for the lumbar spine DOS:7/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the mechanism of injury, and the lack of any specific findings on physical examination there is no clear clinical indication presented for us minus studies of the bilateral lower extremities. When noting the findings on enhanced

imaging studies tempered by the parameters listed in the ACOEM guidelines there was an insufficient amount of clinical evidence presented to establish medical necessity for such an assessment. Therefore the request is not medically necessary.

Retrospective request for NCS of the lumbar spine DOS:7/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the mechanism of injury, and the lack of any specific findings on physical examination there is no clear clinical indication presented for us minus studies of the bilateral lower extremities. When noting the findings on enhanced imaging studies tempered by the parameters listed in the ACOEM guidelines there was an insufficient amount of clinical evidence presented to establish a medical necessity for such an assessment. Therefore the request is not medically necessary.

Retrospective request for MRI for the lumbar spine DOS:7/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the mechanism of injury, and the lack of any specific findings on physical examination there is no clear clinical indication presented for us minus studies of the bilateral lower extremities. When noting the findings on enhanced imaging studies tempered by the parameters listed in the ACOEM guidelines there was an insufficient amount of clinical evidence presented to establish medical necessity for such an assessment. Therefore the request is not medically necessary.

Retrospective request for consultation with Neurology DOS:7/19/13: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7-independent medical examinations page 127.

Decision rationale: When noting the reported mechanism of injury, the finding of the physical examination, the ongoing complaint it was clear that the exact diagnosis was uncertain and therefore the examiner requested expertise to establish the exact diagnosis. The diagnosis was uncertain. Therefore as noted in the ACOEM guidelines a consultation would be supported. The request is medically necessary and appropriate.

Retrospective request for consult with spine surgeon DOS:7/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7-independent medical examinations page 127.

Decision rationale: When noting the reported mechanism of injury, the findings on physical examination, and the ongoing complaints of pain it was clear that the exact diagnosis was uncertain. However, the objective studies completed did not identify any type of surgical lesion. Accordingly, there is no basis to seek out a spine surgery consultation. Therefore as noted in the ACOEM guidelines a consultation would not be considered medically necessary.

Retrospective request for consultation with Orthopedics DOS:7/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2 and 34-35.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7-independent medical examinations page 127.

Decision rationale: When noting the reported mechanism of injury, the findings on physical examination, and the ongoing complaints of pain it was clear that the exact diagnosis was uncertain. However, the objective studies completed did not identify any type of surgical lesion. Accordingly, there is no basis to seek out a spine surgery consultation. Therefore as noted in the ACOEM guidelines a consultation would not be considered medically necessary.

Retrospective request for Consultation with Pain Management DOS:7/19/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7-independent medical examinations page 127.

Decision rationale: When noting the reported mechanism of injury, the findings on physical examination, and the ongoing complaints of pain it was clear that the exact diagnosis was uncertain. However, the objective studies completed did not identify any type of surgical lesion. Accordingly, there is no basis to seek out a spine surgery consultation. Therefore as noted in the ACOEM guidelines a consultation would not be considered medically necessary.

Retrospective request for Functional Capacity Evaluation (FCE) DOS:7/19/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional capacity evaluation (FCE) and Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Chronic Pain Programs Page 30-34 of 127 Page(s): 30-34 of 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7-independent medical examinations page 127.

Decision rationale: The clinical information was clear, the functionality was established during the physical examination, as such there was no clinical indication presented for the need of a functional restoration protocol. When noting the occupation of the injured employee, and combined with the parameters noted in the MTUS this is simply not medically necessary.

Retrospective request for 16 physical therapy visits for left elbow and lumbar spine DOS: between 7/19/13 and 9/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434.

Decision rationale: As outlined in the ACOEM guidelines, the amount of therapy is a function of the functional limitations noted. It should be expected that most patients should resolve within eight (8) visits in the first six (6) weeks. Therefore, when noting the date of injury, the date of service, and the physical examination completed prior to the therapies rendered the medical necessity has not been established in the progress notes reviewed. Therefore the request is not medically necessary.

Retrospective request for 16 Occupational visits DOS: between 7/19/13 and 9/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434.

Decision rationale: As outlined in the ACOEM guidelines, the amount of therapy is a function of the functional limitations noted. It should be expected that most patients should resolve within eight (8) visits in the first six (6) weeks. Therefore, when noting the date of injury, the

date of service, and the physical examination completed prior to the therapies rendered the medical necessity has not been established in the progress notes reviewed. Therefore the request is not medically necessary.

Retrospective request for 16 Chiropractic visits for the left elbow and lumbar spine DOS: between 7/19/13 and 9/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 58-59 of 127 Page(s): 58-59 OF 127.

Decision rationale: As outlined in the MTUS guidelines, chiropractic care for the upper extremity is not recommended and the physical examination did not support pathology that would be amenable to implement care. Therefore, based on the data presented there is no indication for the medical necessity of chiropractic care. Relative to the lumbar spine impious would support four treatments however this request far exceeds that parameter. Therefore, this request is not medically necessary.

Retrospective request for 16 Acupuncture visits DOS:between 7/19/13 and 9/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 13 of 127 Page(s): 13 OF 137.

Decision rationale: As noted in the MTUS, this type of intervention may be used as an option when pain medication is reduced or not tolerated. Neither of these parameters are noted. There was actually no clinical indication presented to establish the medical necessity of this intervention. Therefore, this request is not medically necessary.