MAXIMUS Federal Services

Case Number:	CM14-0053162		
Date Assigned:	07/07/2014	Date of Injury:	04/05/2002
Decision Date:	08/28/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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:

Patient is a 56-year-old female who has submitted a claim for status post cervical spine fusion on September 2002, status post cervical spine surgery on 10/17/2011, cervical spine disc rupture with radiculopathy, thoracic spine strain, and status post lumbar spine fusion surgery associated with an industrial injury date of 04/05/2002.Medical records from 2011 to 2014 were reviewed. Patient complained of pain at the neck, upper back and lower back. Pain radiated to the bilateral upper extremities, aggravated by lifting, pushing, and pulling activities. Physical examination showed dysesthesia at the left lateral shoulder, left thumb, left 2nd digit of hand, and left 5th digit of hand. Range of motion was restricted. Spurling sign was positive bilaterally. Motor strength and reflexes were normal. Gait was antalgic. MRI of the lumbar spine, dated 03/04/2014, demonstrated multilevel disc bulge with mild central canal stenosis. Foramina are maintained. MRI of the cervical spine, dated 11/06/2013, showed multilevel foraminal narrowing without significant central stenosis. Treatment to date has included cervical spine surgery times 2 (2002, 2011), spinal fusion at C4-C5 and C5-C6, lower back surgery at L4-S1 on 04/01/2013, lumbosacral epidural steroid injection, physical therapy, and medications. Utilization review from 04/02/2014 denied the request for orthopedic spine specialist follow up office visit (csp) qty 1 due to lack of documented rationale; and denied acupuncture visits thoracic spine qty 12 and physical therapy thoracic spine qty 12 due to insufficient documentation of significant deficits on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC SPINE SPECIALIST FOLLOW UP OFFICE VISIT (CSP) QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, PAGE 127, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient was last seen by orthopedic surgeon on 07/01/2014 with the treatment plan of referring patient to internal medicine / IM for liver function testing. However, it is unclear if patient was already seen by IM physician due to lack of documentation. There is no clear indication for a follow-up visit at this time given that the recommendation for referral to another service has not occurred to date. Therefore, the request for Orthopedic Spine Specialist Follow up Office Visit (CSP) QTY: 1 is not medically necessary.

ACUPUNCTURE VISITS THORACIC SPINE QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has not received acupuncture treatment in the past based on the records submitted. Symptoms persisted despite surgery, physical therapy, and intake of medications. Acupuncture is a reasonable treatment option at this time. However, the requested 12 visits exceed guideline recommendation for trial treatment. Therefore, the request for Acupuncture visits Thoracic Spine QTY 12 is not medically necessary.

PHYSICAL THERAPY THORACIC SPINE QTY 12: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient already underwent a course of physical therapy in the past. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for Physical Therapy Thoracic Spine QTY: 12 are not medically necessary.