

Case Number:	CM14-0057806		
Date Assigned:	08/08/2014	Date of Injury:	04/06/2011
Decision Date:	09/12/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 22 year-old female with date of injury 04/06/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, date 03/24/2014, list subjective complaints as pain in the neck, mid and low back. Objective findings: Examination of the cervical spine revealed +3 tenderness to palpation of the paravertebral muscles with spasm. Cervical compression caused pain. Range of motion was decreased and painful. Examination of the thoracic spine revealed decreased range of motion due to pain. Kemp's test caused pain. Examination of the lumbar spine revealed +3 tenderness to palpation of the paravertebral muscles with spasm. Sitting and straight leg tests were positive bilaterally. Decreased range of motion due to pain. Diagnosis: 1. Cervical disc syndrome 2. Cervical muscle spasm 3. Cervical radiculopathy 4. Cervical strain/sprain 5. Thoracic muscle spasm 6. Thoracic strain/sprain 7. Lumbar disc protrusion 8. Lumbar muscle spasm 9. Lumbar strain/sprain 10. Anxiety 11. Depression 12. Irritability 13. Nervousness. A cardio-respiratory report dated 11/11/2013 recommended further pulmonary diagnostic testing in order to further measure the respiratory functioning and screen for any other issues. Patient has completed 22 sessions of physical therapy and 1 session with a chiropractor to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 4 of the lumbar spine and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Neck & Upper Back Procedure Summary (Updated 04/14/2014); Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary (Updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS 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. Continued physical therapy is predicated upon demonstration of a functional improvement. Although the patient has undergone 22 previous physical therapy visits, there is no documentation of objective functional improvement. Therefor the request is not medically necessary.

Chiropractic x 12 of the lumbar spine and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The patient was previously granted the initial visits to assess the effectiveness of chiropractic treatment, but there is no documentation of the results of those visits or of any functional improvement. Therefor the request is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014), Evaluation and Management.

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 and Consultations, Page 132.

Decision rationale: The previous utilization review physician provided authorization for the patient is to see a medicine physician. It was understood that the medicine physician would

evaluate the patient and recommend any further consultations if required. The medical record does not contain the report from the medicine physician. Therefore the request is not medically necessary.

Cardiology 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 - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014), Evaluation and Management.

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 and Consultations, Page 132.

Decision rationale: There is no history of cardiac problems documented in the medical record. It is unclear why the cardiology consult has been ordered for the injured worker. Given the documentation that has been presented for review, there appear to be no reference or report from the medicine physician. Based on these relevant and vital factors, the request is not medically necessary and appropriate.

Orthopedic 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 - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014), Evaluation and Management.

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 and Consultations, Page 132.

Decision rationale: The previous utilization review physician provided authorization for the patient to see a medicine physician. It was understood that the medicine physician would evaluate the patient and recommend any further consultations if required. Given the documentation that has been presented for review, there appear to be no reference or report from the medicine physician. Based on these relevant and vital factors, the request is not medically necessary and appropriate.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Therefor the request is not medically necessary.

Electrodes, batteries and lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: TENS unit was not medically necessary therefor any associated supplies are not medically necessary.

Neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefor the request is not medically necessary.