

Case Number:	CM14-0068566		
Date Assigned:	07/14/2014	Date of Injury:	12/09/2011
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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,

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 injured worker is a 58 year old female who reported an injury to her neck, back, and right elbow. The utilization review dated 05/06/14 resulted in denials for a pain management referral, a total of 12 sessions of physical therapy, and MRIs for the neck, back, and right elbow. The clinical note dated 06/09/14 indicates the injured worker continuing with pain at several sites, most notably the neck, right elbow, wrist, low back, right hip, and both knees. The note indicates the injured worker having undergone physical therapy which is providing some benefit. Additionally, the injured worker is utilizing Voltaren gel for pain relief. The note does indicate the injured worker having undergone x-rays of the thoracic and lumbosacral spine which revealed mild scoliosis in the thoracic region as well as mild degenerative changes throughout the lumbar and sacral region. The note indicates the injured worker utilizing a TENS unit for continued pain relief. The clinical note dated 06/05/14 indicates the injured worker utilizing a tennis elbow strap at the right elbow. The clinical note dated 01/27/14 indicates the injured worker undergoing a home exercise program along with the use of an elbow brace. The clinical note dated 04/16/14 indicates the injured worker stating the initial injury occurred when she tripped on a forklift leg while walking in the dark in October of 2007. The injured worker stated that she had fallen onto asphalt at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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) IME and Consultations, Page 503.

Decision rationale: The request for a referral for pain management is medically necessary. The documentation indicates the injured worker complaining of pain at several sites. The documentation indicates the injured worker utilizing pharmacological interventions as well as therapeutic interventions in order to address the injured worker's ongoing complaints of pain. Given the time frame involved, it does appear the injured worker is responding appropriately to these interventions. However, it does appear the injured worker would require additional treatments in order to return to the workforce without restrictions. Therefore, this request is medically necessary.

Physical therapy, two sessions per week for the cervical and lumbar spine and right elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical therapy.

Decision rationale: The request for physical therapy 2 sessions per week for the cervical, lumbar spine, and right elbow is not recommended. The documentation indicates the injured worker having previously undergone physical therapy. However, no objective data was submitted confirming the injured worker's functional response. Without confirmation of the injured worker's objective functional improvement through the initial course of treatment, this request is not indicated as medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The MRI of the cervical spine is not recommended. The documentation does indicate the injured worker having pain at the cervical region. However, no functional deficits were identified in the submitted documentation regarding the cervical region. Therefore, this request is not indicated as medically necessary.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

Decision rationale: The MRI of the lumbar spine is not recommended. The documentation does indicate the injured worker having pain at the cervical region. However, no functional deficits were identified in the submitted documentation regarding the cervical region. Therefore, this request is not indicated as medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 609.

Decision rationale: The MRI of the right elbow is not recommended. The documentation does indicate the injured worker having pain at the cervical region. However, no functional deficits were identified in the submitted documentation regarding the cervical region. Therefore, this request is not indicated as medically necessary.