

Case Number:	CM14-0197894		
Date Assigned:	12/08/2014	Date of Injury:	02/20/2014
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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:

The applicant has filed a claim for low back pain, neck pain, hand pain, and knee pain reportedly associated with an industrial injury of February 20, 2014. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for continued physical therapy, continued acupuncture, neuropsychological testing, and a TENS unit. The claims administrator based its decision on follow-up visits of May 2, 2014 through May 16, 2014. The applicant's attorney subsequently appealed. On October 22, 2014, the applicant apparently received further acupuncture, despite unfavorable utilization review decision. Likewise, the claimant received physical therapy on an office visit of October 21, 2014, again despite the unfavorable utilization review determination. In a May 2, 2014 progress note, the applicant reported ongoing complaints of low back pain, neck pain, and knee pain. The applicant was placed off of work, on total temporary disability, while continued acupuncture, continued physical therapy, a psychiatric consultation, knee surgery consultation, and hand surgery consultation were endorsed. On May 5, 2014 and May 12, 2014, the applicant received further acupuncture. On May 16, 2014, ongoing complaints of neck and back pain were reported, 7-8/10. The applicant was again placed off of work, on total temporary disability, while facet injections, acupuncture, physical therapy were endorsed. In an August 7, 2014 progress note, the applicant again reported multifocal complaints of neck, mid back, low back, knee, elbow, shoulder, and hip pain. The applicant was on baclofen, Norco, Prilosec, Klonopin, and Tylenol, it was acknowledged. The applicant was receiving Workers' Compensation indemnity benefits and was represented, it was acknowledged. The applicant went on to receive extensive physical therapy and acupuncture at various points throughout 2014, including August and September 2014. On September 11, 2014, the applicant was given refills of baclofen, Norco, and Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the lumbar spine, neck, right hand, and knee twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck & Upper Back Procedure Summary (updated 8/4/14), Low Back Procedure Summary (updated 8/22/14), Knee & Leg Procedure Summary (updated 10/27/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Approach to Chronic Pain Management Page(s): 99;. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of function improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on various analgesic medications, such as Norco and baclofen. All the foregoing, taken together, suggested that the applicant has failed to demonstrate any functional improvements defined in MTUS 9792.20f despite extensive prior physical therapy during 2014. Therefore, the request is not medically necessary.

Continued acupuncture sessions once a week for six weeks for the lumbar spine, neck, right hand, and knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledges that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there was no such demonstration of functional improvement as defined in section 9792.20f, despite extensive prior acupuncture over the course of the claim. The applicant remains off of work, on total temporary disability, despite having had extensive prior acupuncture in 2014. The applicant remains dependent on analgesic medication such as Norco and Ambien. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior acupuncture treatment over the course of the claim. Therefore, the request is not medically necessary.

Neuropsychological testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and the Non-MTUS Official Disability Guidelines-TWC, Head Procedure Summary (3/28/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 15, page 397, in general, neuropsychological testing is not indicated early in the diagnostic evaluation, rather, it is most useful in assessing functional status or determining workplace accommodations in applicant's with stable cognitive deficits. In this case, the applicant was off of work, on total temporary disability. The neuropsychological testing is not being employed for the purpose of determining workplace accommodations. As further noted in ACOEM Chapter 15, page 397, exhaustive neuropsychological testing to exclude the entire differential diagnosis of an applicant's symptoms is "generally unrewarding." Therefore, the request is not medically necessary.

TENS unit & supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one month trial of a TENS Unit in applicants with chronic intractable pain of greater than three months duration for which other appropriate pain modalities, including pain medications, have been tried and failed. In this case, however, the request is inherently ambiguous. The rental duration was not provided. It was not clearly stated whether the request represents a purchase or a rental. Therefore, the request is not medically necessary.