

Case Number:	CM15-0004498		
Date Assigned:	01/15/2015	Date of Injury:	12/02/2008
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 12/02/2008 when he was pushed forward by a forklift when trying to place a palm tree into the ground. He reported injuries to his knees, shoulder, head and back. The diagnoses have included cervicalgia, lumbar sprain & strain, cervical and lumbar radiculopathy, emotional distress, post-traumatic cephalgia and dizziness, right cerebral cortical contusion, and strain & sprain unspecified site - shoulder and upper arm. Treatment to date has included medications and physiotherapy. He underwent right shoulder surgery in 2011. Computed tomography (CT) scan of the lumbar spine dated 10/15/2014 showed mild osteoarthritis and minimal disc bulging at L3/4 and L4/5. Currently, the IW reports that he still has problems with activities of daily living. Objective findings included craniocervical, right greater than left, with occipital tenderness. There is bilateral TMJ (transmandibular joint) tenderness. He has decreased sensation in the left side of the face. There is decreased attention span. There is bilateral hand, more than bilateral foot, mild intentional tremor. He has a mild limp in his right leg. Tinel's sign is positive at the right wrist. Romberg test is positive. There is lumbar more than cervical interscapular tenderness. There is right more than left knee tenderness. There is right more than left shoulder tenderness with decreased range of motion. Straight leg raise test is positive on the right at 40 degrees and left at 60 degrees. On 12/26/2014, Utilization Review non-certified a request for a genitourinary consultation, acupuncture (12 visits), an interferential unit, echocardiogram, electrocardiogram (EKG) and an anatomical rating noting that the clinical information provided do not meet the criteria of medical necessity as supported by the guidelines. Non-MTUS, MTUS and ACOEM

were cited. On 1/07/2015, the injured worker submitted an application for IMR for review of genitourinary consultation, acupuncture (12 visits), an interferential unit, echocardiogram, electrocardiogram (EKG) and an anatomical rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genitourinary consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has the diagnosis of benign prostatic hypertrophy with symptoms that persist despite medical therapy as well as a reported elevated PSA level.. A referral to a genitourinary specialist would be warranted, as the treatment of this issue would be outside the scope of practice of the primary treating physician. Therefore the request is certified.

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.merckmanuals.com/professional/cardiovasculardisorders/echocardiogram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date Medical Guidelines

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested service. The ODG does discuss the use of pre-operative echocardiogram and EKG but there is no mention of pending surgical intervention. The up-to-date medical guidelines indicate echocardiogram is indicated in the assessment of recent chest pain of suspected cardiac origin, syncope, congestive heart failure, evaluation of pulmonary embolus, evaluation post CVA/TIA, assessment of heart function, or arrhythmia. The most recent progress notes indicate the patient was having pre-cordial chest pain but also had had a cardiac catheterization for this chest pain. The need for an echocardiogram was not established in the provided documentation and therefore is not medically necessary.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.merckmanuals.com/professional/cardiovasculardisorders/echocardiogram/ECK

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date Medical Guidelines

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested service. The ODG does discuss the use of pre-operative echocardiogram and EKG but there is no mention of pending surgical intervention. The up-to-date medical guidelines indicate EKG is indicated in the assessment of recent chest pain of suspected cardiac origin, syncope, congestive heart failure or arrhythmia. The most recent progress notes indicate the patient was having pre-cordial chest pain but also had had a cardiac catheterization for this chest pain. The need for an EKG was not established in the provided documentation and therefore is not medically necessary.

Anatomical rating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The microbleed anatomical rating scale (MARS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Evaluation of permanent impairment

Decision rationale: The California MTUS and the ACOEM do not address the specific request. The Official Disability Guidelines recommend that an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. The ODG does not recommend computerized measures. Therefore an anatomic impairment measures with a single position MRI would not be medically warranted.

Acupuncture, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional

improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation per the California MTUS. The time to produce functional improvement is 3- 6 sessions. The request is for 12 sessions. Therefore the request is not certified.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS
Page(s): 118-119.

Decision rationale: The California medical treatment guidelines section on ICS therapy states: 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks. The studies suggested that their main limitation was the heterogeneity of the low back pain subjects, with the interventions performing much better for back pain due to previous multiple vertebral osteoporotic fractures, and further studies are necessary to determine effectiveness in low back pain from other causes. (Zambito, 2006) (Zambito, 2007) A recent industry-sponsored study in the Knee Chapter concluded that interferential current therapy plus patterned muscle stimulation (using the RS-4i Stimulator) has the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. (Burch, 2008) This recent RCT found that either electroacupuncture or interferential electrotherapy, in combination with shoulder exercises, is equally effective in treating frozen shoulder patients. It should be noted that this study only showed the combined treatment effects with exercise as compared to no treatment, so the entire positive effect could have been due to the use of exercise alone. (Cheing, 2008) See also Sympathetic therapy. See also TENS, chronic pain. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to

diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The criteria as set forth above per the California MTUS have not been met. In addition, ICS is only initially approved for a one-month trial period. Therefore the request is not certified.