

Case Number:	CM15-0108783		
Date Assigned:	06/16/2015	Date of Injury:	02/11/2014
Decision Date:	09/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 48-year-old male, who sustained an industrial injury on 02/11/2014. He reported injuring his neck, upper back, lower back, head, and chest because of a fall that occurred at work. The injured worker is currently not working. The injured worker is currently diagnosed as having cervical spine disc bulges and thoracic spine disc bulge. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, lumbar spine MRI that showed multilevel disc disease and disc protrusions, and medications. In a progress note dated 04/28/2015, the injured worker presented with complaints of neck and upper back pain. Objective findings include intact light touch sensation to right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. The treating physician reported requesting authorization for Internal Medicine consultation, Neurology consultation, physical therapy, Pain Medicine follow up, and electromyography of upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation regarding the chest: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Part 1, Introduction, Physical Medicine Page(s): 1, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examination and Consultations/Referral, page 127.

Decision rationale: Guidelines state that if a physical complaint persists, the diagnosis may be reconsidered and a specialist evaluation may be necessary. In this case, the clinical documentation submitted lacks objective evidence such as strength, endurance, range of motion, and functional deficits as well as evidence of any chest issues, which would warrant such a consult. The request for an internal medicine consult is not medically necessary and appropriate.

Neurology consultation regarding the head: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Part 1, Introduction, Physical Medicine Page(s): 1, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

Decision rationale: Guidelines support consultation 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. Within the documentation provided, there is no evidence of measurable findings such as strength, endurance, range of motion and functional deficits. In addition, there is no evidence of any head issues requiring a consult. The request for a neurology consult is not medically appropriate and necessary.

Physical therapy 3 times a week for 6 weeks to the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Part 1, Introduction, Physical Medicine Page(s): 1, 98-99.

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

Decision rationale: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 10-12 visits over 8 weeks for the lumbar spine. In this case, the current request for 18 sessions of physical therapy exceeds the recommended number of sessions. In addition, the documentation lacks measurable findings such as strength, endurance, range of motion, and functional deficits to support medical necessity for supervised therapy vs an independent home exercise program. The request for physical therapy 3 x 6 weeks to the cervical and thoracic spine is not medically appropriate and necessary.

Pain medicine follow up office visit regarding the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Part 1, Introduction, Physical Medicine Page(s): 1, 98-99.

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

Decision rationale: Guidelines state that the need for a clinical office visit is based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the documentation does not indicate that the patient is suffering from a functional impairment or neurologic deficit that would warrant the need for a pain medicine consultation. There is no report of any medication use, including pain medications. The request for a pain medicine follow up office visit is not medically appropriate and necessary.

Electromyogram (EMG) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Part 1, Introduction, Physical Medicine Page(s): 1, 98-99.

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

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there is no documentation of any neurologic deficits. The request for EMG of both Upper Extremities is not medically appropriate and necessary.