

Case Number:	CM15-0019130		
Date Assigned:	02/09/2015	Date of Injury:	07/03/1993
Decision Date:	04/03/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 67 year old female, who sustained an industrial injury on 7/3/1993. She has reported neck, back, and arm pain. The diagnoses have included multilevel degenerative discopathy, low back pain with radiculopathy, and bilateral tennis elbow. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), ice, Transcutaneous Electrical Nerve Stimulation (TENS), braces, physical therapy and chiropractic care. Currently, the IW complains of progressively worse pain in the lumbar spine and right wrist. The back pain was reported to flare up and included radiation to bilateral lower extremities. Physical examination from 12/8/14 documented tenderness to elbow, paralumbar muscles with spasms, straight leg raising test was positive. The diagnoses included lumbar sprain, cervical strain, bilateral wrist strain, status post left carpal tunnel release with remission of numbness, and bilateral elbow lateral/medial epicondylitis, and depression secondary to pain. The plan of care included consultation with psychology, hand specialist, a repeat Magnetic Resonance Imaging (MRI) of lumbar spine, and continued chiropractic care. On 12/31/2014 Utilization Review non-certified a hand specialist consultation, Magnetic Resonance Imaging (MRI) lumbar spine, neurosurgery consultation, and modified certification for two (2) chiropractic treatment. The MTUS and ACOEM Guidelines were cited. On 2/2/2015, the injured worker submitted an application for IMR for review of hand specialist consultation, Magnetic Resonance Imaging (MRI) lumbar spine, neurosurgery consultation, and six (6) chiropractic treatment sessions (two times a week for three weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Specialist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, hand specialist consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar strain, left greater than right with lumbar radiculopathy and lower extremity cramping; cervical strain, currently stable; bilateral wrist strain, status post left carpal release, surgery done two years ago with remission of numbness; bilateral elbow lateral and medial epicondylitis, currently stable; and depression secondary to chronic pain. The documentation indicates the injured worker saw the hand surgeon two years prior in consultation. The worker complains of increased pain on or about the affected wrist. However, the injured worker has been having ongoing symptoms but there are no significant new symptoms or clinical signs to warrant a consultation. Consultation is appropriate if the diagnosis is certain or extremely complex on the planet course of care may benefit from additional expertise. Consultations designed to aid in the diagnosis, prognosis and therapeutic management of the patient. There is no neurologic evaluation in the record. Consequently, absent clinical documentation with neurologic deficit and an indication for therapeutic intervention for a consultant, hand specialist consultation is not medically necessary.

MRI Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one

month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar strain, left greater than right with lumbar radiculopathy and lower extremity cramping; cervical strain, currently stable; bilateral wrist strain, status post left carpal release, surgery done two years ago with remission of numbness; bilateral elbow lateral and medial epicondylitis, currently stable; and depression secondary to chronic pain. An MRI of the lumbar spine was performed in 2012. The scan showed multilevel degenerative discopathy and spondylo -arthropathy. There was no evidence of disc protrusion or encroachment on the neural foramina. There is moderate facet arthropathy from L3 to S1. The progress note dated December 5, 2014 does not contain a neurologic examination. There were no unequivocal objective findings on physical examination to warrant imaging. Additionally, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There were no new significant symptoms and findings suggestive of significant pathology. Consequently, absent clinical documentation with evidence of significant symptoms and signs suggestive of significant pathology, MRI lumbar spine (repeat) is not medically necessary.

Chiropractic Treatment (2 times a week for 3 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions two times per week times three weeks are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Moving on, recurrences/flare-ups needs to reevaluate treatment success. If the injured worker has returned to work than 1 to 2 visits every 4 to 6 months when there is evidence of significant functional limitations on examination that are likely to respond to repeat chiropractic care. In this case, the injured worker's working diagnoses are lumbar strain, left greater than right with lumbar radiculopathy and lower extremity cramping; cervical strain, currently stable; bilateral wrist strain, status post left carpal release, surgery done two years ago with remission of numbness; bilateral elbow lateral and medial epicondylitis, currently stable;

and depression secondary to chronic pain. The documentation is unclear whether there are significant functional limitations on examination that are likely to respond to chiropractic care. The injured worker stated she paid out of pocket for recent chiropractic treatment. There is no documentation in the medical record of this chiropractic treatment. Consequently, absent clinical documentation with evidence of objective functional improvement with ongoing chiropractic treatment, additional chiropractic sessions two times per week times three weeks is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, chiropractic sessions two times per week times three weeks are not medically necessary.

Office Consultation (Neurosurgery consultation): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, office consultation neurosurgery consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar strain, left greater than right with lumbar radiculopathy and lower extremity cramping; cervical strain, currently stable; bilateral wrist strain, status post left carpal release, surgery done two years ago with remission of numbness; bilateral elbow lateral and medial epicondylitis, currently stable; and depression secondary to chronic pain. The documentation does not contain a neurologic detailed physical examination. The requesting physician indicated there was increased pain in the lumbosacral spine area with radiation to the legs. In the absence of a neurologic evaluation, a neurosurgical consultation is not clinically indicated. There is no documentation of prior neurosurgical intervention in the medical record. Consequently, absent clinical documentation with a detailed physical/neurologic evaluation, office consultation neurosurgery is not medically necessary.