

Case Number:	CM15-0130152		
Date Assigned:	07/16/2015	Date of Injury:	08/25/2011
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 8/25/11. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, left foot plantar fasciitis, status post healed right tibial stress fracture, and fibromyalgia. Treatment to date has included TENS, injections, chiropractic treatment, and medication. Notes indicate that the patient has undergone previous MRI imaging of the feet as well as injections in the feet. Currently, the injured worker complains of pain in the neck, low back, bilateral upper extremities, and bilateral lower extremities. The treating physician requested authorization for bilateral feet x-rays x3 views each, a follow exam, corticosteroid injection to both wrists, and a referral and evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Feet X-Rays 3 Views each: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: Regarding the request for Bilateral Feet X-rays 3 Views Each, ACOEM guidelines state that special studies are not needed to evaluate most complaints until after a period of conservative care and observation. Within the documentation available for review, it appears the patient has undergone an x-ray previously. There is no indication as to how the patient's symptoms have changed or worsened since the time of the previous radiographs and MRI. Finally, it is unclear how the currently requested x-ray will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested Bilateral Feet X-rays 3 Views Each are not medically necessary.

Follow Exam: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring". The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible". Within the documentation available for review, it appears there are numerous treatment options still available for this patient. As such, follow-up seems reasonable. Therefore, the currently requested follow-up visit is medically necessary.

Corticosteroid Injection to Both Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: Regarding the request for Corticosteroid Injection to Both Wrists, Occupational Medicine Practice Guidelines state that the initial treatment for CTS should include night splints. ODG recommends splinting of the wrist in the neutral position at night as an option in conservative treatment prior to injection. Within the documentation available for review, there

is no indication that the patient has failed wrist splints prior to the request for injection. As such, the currently requested corticosteroid injection to both wrists is not medically necessary.

Referral and Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports 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 available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. Additionally, it is unclear what injuries/body part are to be addressed with the requested consultation. In the absence of clarity regarding those issues, the currently requested consultation is not medically necessary.