MAXIMUS Federal Services

Case Number:	CM15-0131149		
Date Assigned:	08/17/2015	Date of Injury:	10/05/2011
Decision Date:	09/15/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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 43 year old female, who sustained an industrial injury on 10-05-2011. Diagnoses include status post multilevel cervical spine surgery (9-2004) with right upper extremity radiculitis, lumbar musculoligamentous sprain or strain, right shoulder parascapular sprain or strain with increased right upper extremity symptoms with subsequent stroke in October 2014 with facial paralysis (non-industrial). Treatment to date has included surgical intervention (cervical spine, 2004) as well as conservative treatment consisting of physical therapy, injections and pain medications. Per the Doctor's First Report of Occupational Injury or Illness dated 6-01-2015, subjective complaints included neck pain, right shoulder pain, low back pain, left wrist pain, headaches, stroke, high blood pressure, stomach and psyche. Objective findings of the cervical spine included, spasms, guarding and tenderness with reduced range of motion. Lumbar spine examination revealed muscle guarding, an antalgic gait and decreased range of motion. Here was tenderness to palpation of the right shoulder with crepitus and a positive impingement test. There was decreased range of motion. There was tenderness of the left wrist. The plan of care included, and authorization was requested for one internal medicine consultation, one neurology consultation, 8 acupuncture visits and one Thera Cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE) 2011 Aug pg 36: Clinical guidelines no 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence- based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is a request for referral to an internal medicine specialist to evaluate subjective complaints of high blood pressure and gastrointestinal issues. The available documentation does not provide objective evidence or work-ups for either condition; therefore, the request for Internal Medicine consultation is not medically necessary.

1 TheraCane (massage unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Massage.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation www.theracane.com.

Decision rationale: Per manufacturer's information, the theracane is a therapeutic massager that applies pressure to treat muscle dysfunction. The MTUS guidelines state that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. As there is no evidence to support the use of low back massage, the request for 1 TheraCane (massage unit) is not medically necessary.