

Case Number:	CM15-0132464		
Date Assigned:	07/24/2015	Date of Injury:	05/06/2014
Decision Date:	09/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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: Tennessee, Florida, Ohio

Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old female sustained an industrial injury to the head and neck on 5/6/14. Previous treatment included magnetic resonance imaging, physical therapy, injections and medications. In a neurosurgical new patient consultation dated 5/13/15, the injured worker complained of continuing constant headaches associated with neck stiffness, photophobia, phosphenes, increased olfaction, bilateral tinnitus with episodes of positional dizziness and vertigo, frequent sensation of being about to faint, episodes of nausea, vomiting and abdominal pain, temporomandibular pain with clicking, neck pain, lumbar pain, coccygeal pain, bilateral foot cramping, constipation and urinary frequency. The injured worker also reported having difficulty with memory and ability to think. The injured worker stated that she was unable to drive and had difficulties with activities of daily living. Physical exam was remarkable for decreased sensation at the left V3 branch to temperature and pinprick, mild right mouth asymmetry, tenderness to palpation to the cervical spine, lumbar spine interscapular area, left shoulder and right sacroiliac joint, positive left wrist Tinel's sign, positive bilateral straight leg raise and hypoactive deep tendon reflexes throughout. The physician diagnosed the injured worker with occipital neuralgia, brain concussion, post-concussion syndrome, probable brain contusion, temporomandibular joint pain and decreased eye convergence. The treatment plan included neuropsychological testing including a formal neuro-cognitive evaluation, a formal sleep lab evaluation, electroencephalogram, videonystagmogram, electromyography/nerve conduction velocity test, occipital block injections, high resolution magnetic resonance imaging of the head, both temporomandibular joints, cervical spine and lumbar spine, x-rays of the sacrum and

coccyx, treatment with acupuncture and physical therapy, a home interferential unit, evaluation and treatment with speech pathology, a formal functional capacity evaluation, a neuro- ophthalmologist evaluation and a gastrointestinal specialist evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro-Ophthalmology consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2-3.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a neuro-ophthalmology evaluation for this patient. The California MTUS guidelines state: "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present". The medical records state that a neuro-ophthalmic evaluation was already completed. There is no indication or documentation that the patient's initial consultation was from a provider who lacked training or was uncertain about the diagnosis/treatment plan. Without definitive documentation that the patient's clinical status has changed since her prior examination, a repeat specialty consultation is not warranted. Therefore, based on the submitted medical documentation, the request for a neuro-ophthalmology consultation is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a shoulder MRI for this patient. The MTUS guidelines recommend the following criteria for ordering special imaging studies in shoulder complaints: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment). Regarding this patient's case, the patient does not have any red flag signs, including neurovascular impairment, torticollis or concerning local features such as a mass lesion with bony tenderness or swelling. Therefore, based on the submitted medical

documentation, the request for a MRI of the left shoulder is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a lower back (lumbar spine) MRI for this patient. The MTUS guidelines recommend that: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery". In this patient's case, the patient's physical exam does not document any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a lower back MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the lumbar spine is not medically necessary.

Physical therapy 3 x a week for 1 month to the cervical and lumbar spine: 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 Physical Medicine Page(s): 99.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels". Guidelines also state that practitioners should, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". This patient has previously had physical therapy, but now her physician is requesting an additional 12 sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Furthermore, the patient's response to prior therapy is not clearly documented to demonstrate a need for repeat sessions. Therefore, based on the submitted medical documentation, the request for physical therapy 3x a week for 1 month to the cervical and lumbar spine area is not medically necessary.

Toxicology test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of toxicology testing for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. Her pain is documented as secondary to post-concussive and a past drug screen in May of this year was negative for illicit substances. Therefore, based on the submitted medical documentation, the request for toxicology testing is not-medically necessary.

Occipital block injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper Back, Greater occipital nerve block, therapeutic.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an occipital nerve block for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of occipital nerve blocks. The Occupational Disability Guidelines (ODG) state that in regards to occipital nerve blocks, "There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, non-controlled case series. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched". Therefore, based on the submitted medical documentation, the request for an occipital nerve block is not medically necessary.

Pre-op orders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Preoperative Testing, general.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of pre-op orders for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pre-op labs. The Occupational Disability Guidelines (ODG) state that "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is performed before surgical procedures". Although this patient has been diagnosed with a post-concussive disorder, there is no clinical documentation of plans for surgery. Pre-op testing is not indicated without an intention to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for pre-operative testing is not medically necessary.

Speech evaluation: Upheld

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

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

Decision rationale: The Occupational Disability Guidelines (ODG) state that the criteria for Speech evaluation/therapy is as follows; include: "1) A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease or 2) Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level." Although this patient has been diagnosed with a post-concussive disorder, there is no clear documentation of a speech disorder or impediment. Physical and neurological testing did not indicate any apraxia, dysarthria or aphasia. Therefore, based on the submitted medical documentation, the request for speech evaluation is not medically necessary.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS.*CharFormat Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress.

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

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), a sleep study is: "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded". Additionally, ODG states that sleep studies are: "Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders". Regarding this patient's case, there is no documentation of this patient's insomnia being unresponsive to behavioral intervention and

sleep promoting medications. Therefore, medical necessity for a sleep study has not been established and therefore is not medically necessary.

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious". Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinically obvious, mild sensory deficits in a V3 distribution on physical exam. Radiculitis is diagnosed in the medical documentation. Reportedly mild sensory changes in the arm have not been treated with conservative measures, including bracing or injection therapy. Therefore, based on the submitted medical documentation, the request for EMG testing is not-medically necessary.

Acupuncture 3 x a week for 1 month to the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented". This patient has been prescribed acupuncture for 1 month, q3 times per week. She has been diagnosed with a post-concussive syndrome with radiculitis and nonspecific cervical soft tissue pain. Based on MTUS guidelines, a trial of acupuncture is clinically appropriate. Therefore, based on the submitted medical documentation, the request for acupuncture testing is medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an IF unit for this patient. The California MTUS guidelines directly address the topic of Interferential Current Stimulation. The guidelines state it is: "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". 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". This patient has been diagnosed with a post-concussive syndrome with radiculitis and nonspecific soft tissue pain. Use of an IF unit is not recommended for this patient's clinical scenario. Therefore, based on the submitted medical documentation, the request for EEG testing is not-medically necessary.

Electroencephalogram: Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EEG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EEG testing. The Occupational Disability Guidelines (ODG) states EEG is: "Not recommend routine use for TBI; Recommended for diagnosing seizure disorders from epilepsy". This patient has been diagnosed with a post-concussive syndrome; she has not been documented to have a seizure or eplipiform disorder. An EEG is not indicated based on ODG guidelines. Therefore, based on the submitted medical documentation, the request for EEG testing is not-medically necessary.