

Case Number:	CM15-0183375		
Date Assigned:	09/30/2015	Date of Injury:	04/06/2010
Decision Date:	11/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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 62 year old female who sustained an industrial injury on 04-06-2010. A review of the medical records indicated that the injured worker is undergoing treatment for cervical disc rupture, lumbar spine disc bulge, bilateral elbow strain, bilateral carpal tunnel syndrome, bilateral knee strain, right ankle internal derangement, right ankle plantar fasciitis and left ankle strain. The injured worker is status post left shoulder surgery in 2012. According to the treating physician's progress report on 07-29-2015, the injured worker was evaluated for multiple areas of pain without noted pain levels. Physical examination documented light touch sensation on the right mid anterior thigh; right lateral calf and right lateral ankle were all intact. There were no other objective findings noted. On 07-09-2015 the injured worker presented with pain in the left arm with noted tenderness in the anterior aspect of the forearm with allodynia. There were no further physical findings or pain values. Prior diagnostic testing in December 2013 with endoscopy noting generalized gastritis and a small hiatal hernia according to the supplemental report dated 04-07-2015. Current medications were listed as Norco, Omeprazole and Gabapentin. On 08-16-2015 the provider requested authorization for cervical epidural steroid injection, lumbar epidural steroid injection, physical therapy twice a week for 6 weeks to the spine, bilateral knees and bilateral wrists, acupuncture therapy twice a week for 6 weeks to the spine, bilateral knees and bilateral wrists, follow-up visit with internal medicine, follow-up visit with pain medicine, consultation with upper extremity surgeon for the bilateral elbows and wrists and consultation with lower extremity surgeon for the right ankle. On 08-20-2015 the Utilization Review determined the request for cervical epidural steroid injection, lumbar epidural steroid injection, physical therapy twice a week for 6 weeks to the spine, bilateral knees

and bilateral wrists, acupuncture therapy twice a week for 6 weeks to the spine, bilateral knees and bilateral wrists, follow-up visit with internal medicine, follow-up visit with pain medicine, consultation with upper extremity surgeon for the bilateral elbows and wrists and consultation with lower extremity surgeon for the right ankle were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. Cervical epidural steroid injection is not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record lacks sufficient documentation and does not support a referral request. Lumbar epidural steroid injection is not medically necessary.

Physical therapy two times a week for six weeks for the spine, bilateral knee, and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy two times a week for six weeks for the spine, bilateral knee, and bilateral wrist is not medically necessary.

Acupuncture two times a week for six weeks for the spine, bilateral knee and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture two times a week for six weeks for the spine, bilateral knee and bilateral wrist is not medically necessary.

Follow up visit with pain medicine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. Follow up visit with pain medicine is not medically necessary.

Follow up visit with internal medicine: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Follow up visit with internal medicine is not medically necessary.

Consultation with upper extremity surgeon for the bilateral elbow and bilateral wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

Decision rationale: The timing of a referral for surgery should be consistent with the condition that has been diagnosed, the degree of functional impairment, and the progression and severity of objective findings. Conditions that produce objective evidence of nerve entrapment and that do not respond to non-surgical treatment can be considered for surgery when treatment failure has been documented, in spite of compliance with treatment. Conditions of inflammatory nature may take many months to heal and the timing of a surgical consultation referral should take into consideration the normal healing time. Referral for surgical consultation may be indicated for patients who have:- Significant limitations of activity for more than 3 months;- Failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or- Clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In addition, the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent

impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consultation with upper extremity surgeon for the bilateral elbow and bilateral wrist is not medically necessary.

Consultation with lower extremity surgeon for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Referral for surgical consultation may be indicated for patients who have:- Activity limitation for more than one month without signs of functional improvement- Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot- Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair In addition, the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consultation with lower extremity surgeon for the right ankle is not medically necessary.