

Case Number:	CM15-0208507		
Date Assigned:	10/27/2015	Date of Injury:	06/03/2014
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 24 year old male, who sustained an industrial injury on 06-03-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for dizziness, headache, cervical myospasms, cervical pain, cervical radiculopathy, cervical sprain-strain, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain-strain, and rule out lumbar disc protrusion. Treatment and diagnostics to date has included medications. Recent medications have included Protonix, Zanaflex, Prilosec, and Neurontin. Subjective data (06-02-2015 and 09-08-2015), included headache, neck and back pain. Objective findings (09-08-2015) included tenderness to palpation of the cervical and lumbar paravertebral muscles with muscle spasm and positive Kemp's and straight leg raise test bilaterally. The request for authorization dated 09-14-2015 requested EEG (electroencephalogram) specialist consultation and treatment and physical therapy 2 x a week for 4 weeks. The Utilization Review with a decision date of 09-25-2015 modified the request for EEG specialist consultation and treatment to EEG specialist consultation and non-certified the request for physical therapy two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG specialist consultation and treatment: Upheld

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 ACOEM, Chapter 7, Page 127, Consultation.

Decision rationale: The patient presents with headache, constant moderate neck and severe low back pain. The current request is for EEG Specialist Consult and Treatment. The treating physician's report dated 09/08/2015 (33B) states, "The patient complains of occasional severe sharp, throbbing headache, associated with movement. The patient complains of constant moderate stiffness neck pain with cramping and muscle spasms." There was no rationale provided for the request in question. The ACOEM Guidelines Chapter 7 page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, given the patient's current symptoms, the request for an evaluation would be appropriate and supported by ACOEM. However, the physician requested evaluation and treatment. There is no way of knowing what treatment would be recommended. Furthermore, the treatment would need to be requested separately and evaluated based on the appropriate guidelines. The current request is not medically necessary.

Physical therapy 8 sessions (2x4): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with headache, constant moderate neck and severe low back pain. The current request is for Physical Therapy 8 sessions (2x4). The treating physician's report dated 09/08/2015 (33B) states, "Physical therapy 2x4 to increase ROM, increase activities of daily living and decrease pain." No physical therapy reports were provided for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Medical records do not show that the patient has had any recent physical therapy sessions. In this case, a short course of physical therapy is appropriate to address the patient's current symptoms. The current request is medically necessary.