

Case Number:	CM15-0034805		
Date Assigned:	03/03/2015	Date of Injury:	12/20/2009
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic neck, hand, wrist, elbow, and shoulder pain reportedly associated with cumulative trauma at work between the dates May 1, 1979 through December 20, 2009. In a Utilization Review report dated February 12, 2015, the claims administrator failed to approve requests for an orthopedic consultation, a follow-up pain management consultation, a follow-up office visit, and three sessions of extracorporeal shockwave therapy. The claims administrator referenced a February 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, seemingly suggested that the sole note on file was a progress note dated August 4, 2014. In said pain management note dated August 4, 2014, the applicant presented with multifocal complaints of neck pain, headaches, elbow pain, foot pain, ankle pain, and upper extremity paresthesias with derivative complaints of psychological stress, sleep disturbance, and emotional distress. New cervical MRI imaging and new electrodiagnostic testing were proposed. The applicant was asked to follow up with an orthopedic shoulder surgeon, a pain management physician, and a chiropractic primary treating physician (PTP). The applicant was apparently using Naprosyn, Prilosec, Flexeril, and two topical compounded medications, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: No, the request for an orthopedic consultation was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here appears to be the neck. However, the MTUS Guideline in ACOEM Chapter 8, page 180 notes that applicants with neck or upper back pain complaints alone without associated findings of serious conditions or significant nerve root compromise rarely benefit from either surgical consultation or surgery. Here, the attending provider did not furnish any compelling applicant-specific rationale which would support the need for an orthopedic spine surgery consultation. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the consultation in question, although it is acknowledged that the progress note in which the article in question was sought was not seemingly incorporated into the Independent Medical Review packet. The historical information on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.

Follow up with pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for a pain management follow-up visit was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was seemingly off of work. Multifocal pain complaints were evident on August 4, 2014. The applicant was using a variety of analgesic medications, including Naprosyn, Flexeril, and topical compounded medications. Obtaining a follow-up visit with a physician specializing in chronic pain, thus, was indicated. Therefore, the request was medically necessary.

Follow-up with MD (if needed for pain): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: Similarly, the request for a follow-up visit with an M.D. (physician) was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant was seemingly off of work. Multifocal pain complaints were evident. The applicant was using a variety of analgesic medications. Obtaining a follow-up visit was, thus, indicated for a variety of purposes, including medication management and/or disability management purposes. Therefore, the request was medically necessary.

ESWT for the left elbow, 1 x 3: 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: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

Decision rationale: Finally, the request for extracorporeal shockwave therapy for the elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 4, page 40, extracorporeal shockwave therapy for the elbow, the body part in question, is "recommended against." Here, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. While it is acknowledged that the February 4, 2015 progress note on which the article in question was requested was seemingly not incorporated into the Independent Medical Review packet, the historical information on file did not, however, support or substantiate the request. Therefore, the request was not medically necessary.