MAXIMUS Federal Services

Case Number:	CM15-0072706		
Date Assigned:	04/27/2015	Date of Injury:	05/13/2014
Decision Date:	09/14/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on 5/13/14. She reported initial complaints of back, upper and lower extremities, neck, arms and shoulders. The injured worker was diagnosed as having cervical disc protrusion, cervical radiculitis/ radicul-opathy; thoracic disc protrusion; lumbar disc protrusion; lumbar radiculitis/radiculopathy; right shoulder internal derangement; left shoulder internal derangement; right forearm strain; left forearm strain; depression. Treatment to date has included medications. Currently, the PR-2 notes dated 2/17/15 indicated the injured worker complains of frequent moderate achy sharp, throbbing, burning neck, thoracic lumbar pain with weakness noted. Complaints also noted of bilateral shoulder constant moderate to severe sharp, throbbing, burning pain with stiffness, heaviness, numbness, tingling, and weakness. She notes bilateral forearm pain that is described as constant moderate sharp to achy, stabbing, throbbing, burning with heaviness, tingling and cramping. She has pain in the upper and lower extremities as well and suffers from depression. A physical examination of all mentioned regions noted pain with range of motion. The providers treatment plan requested medications as well as 12 sessions of acupuncture for thoracic & lumbar spine; 12 sessions of chiropractic for thoracic & lumbar spine; 6 sessions of physiotherapy for thoracic & lumbar spine; MRI thoracic and lumbar spine; TENS/EMS unit 1 month rental; VSNCT diagnostic testing for lumbar spine and X-ray for thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT diagnostic testing for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of deterioration musculoskeletal pain or in the presence neurological deficits and red flag condition. The patient had previously completed radiological tests. There is no documentation of deterioration of symptoms, neurological deficit or incidence of re-injury. There is no documentation of objective findings consistent with worsening severe neurological deficits. The criteria for VSNCT diagnostic testing lumbar spine was not met; the request is not medically necessary.

12 sessions of chiropractic for thoracic & lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments methods can be utilized for the treatment of musculoskeletal pain when standard NSAIDs, exercise and behavioral modifications have failed. The utilization of physical treatments can result in pain relief, reduction in medications utilization and functional restoration. The guidelines recommend that patients proceed to a Home Exercise Program (HEP) after completion of supervised physical treatment program. The records indicate that the patient had completed PT. There guidelines noted that patients with significant psychosomatic disorders such as depression report minimal efficacy or functional restoration following completion of physical treatments and intervention procedures. The criteria for 12 sessions of chiropractic for thoracic and lumbar spine was not met; the request is not medically necessary.

6 sessions of physiotherapy for the thoracic & lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 972.24.2 Page(s): 46-47, 6-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments methods can be utilized for the treatment of musculoskeletal pain when standard NSAIDs, exercise and behavioral modifications have failed. The utilization of physical treatments can result in pain relief, reduction in medications utilization and functional restoration. The guidelines recommend that patients proceed to a Home Exercise Program (HEP) after completion of supervised physical treatment program. The records did not indicate that the patient had completed PT. The criteria for the 6 sessions of physiotherapy for the thoracic and lumbar spine was met; the request is medically necessary.

TENS/EMS Unit 1 month rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, TENS.

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the treatment of musculoskeletal pain when standard NSAIDs, exercise and behavioral modifications have failed. The utilization of TENS treatments can result in pain relief, reduction in medications utilization and functional restoration. The guidelines recommend that patients proceed to a Home TENS use after documentation of significant beneficial effects following a 1 month supervised trial rental of TENS/EMS unit use. The criteria for 1 Month Rental of TENS/EMS was met and the request is medically necessary.

RTW/FCE for cervical, thoracic & lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Functional Capacity Evaluation (FCE) and Return To Work (RTW) determination can be conducted to establish the ability of the injured worker to perform work related assignments. The guidelines recommend that the evaluation be conducted after completion of major treatment programs. The records indicate that the patient is still undergoing diagnostic tests and undergoing active treatments. The criteria for the FCE/RTW for cervical, thoracic and lumbar spines was not met; therefore, the request is not medically necessary.

X-ray for thoracic & lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of deterioration musculoskeletal pain or in the presence neurological deficits and red flag condition. The patient had previously completed radiological tests. There is no documentation of deterioration of symptoms, neurological deficit or incidence of re-injury. There is no documentation of objective findings consistent with severe neurological deficits. The criteria for X-ray of thoracic and lumbar spine was not met; the request is not medically necessary.

MRI for thoracic & lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of deterioration musculoskeletal pain or in the presence neurological deficits and red flag condition. The patient had previously completed radiological tests. There is no documentation of deterioration of symptoms, neurological deficit or incidence of re-injury. There is no documentation of objective findings consistent with severe neurological deficits. The criteria for MRI of the thoracic and lumbar spine was not met; the request is not medically necessary.

12 sessions of acupuncture for thoracic & lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Acupuncture treatments methods can be utilized for the treatment of musculoskeletal pain when standard

NSAIDs, exercise and behavioral modifications have failed. The utilization of Acupuncture treatments can result in pain relief, reduction in medications utilization and functional restoration. The records indicate that the patient had not previously completed PT or Acupuncture. The criteria for 12 Acupuncture treatments of the thoracic and lumbar spine was met; therefore, the request is medically necessary.