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| Case Number: | CM14-0114339 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 02/12/2014 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year old with an injury date on 2/12/14. Patient complains of right shoulder pain that is improving, and moderate cervical pain, lower back pain, and headaches per 6/6/14 report. The shoulder/neck pain radiates down his right arm with numbness/tingling from his thumb to pinkie finger, worse with turning to the left and neck flexion per 6/13/14 report. He states that physical therapy, NSAIDS (Diclofenac) and Cyclobenzaprine has helped his pain in the past per 6/13/14 report. Based on the 6/6/14 progress report provided by Dr. [REDACTED] the diagnoses are: 1. s/p ORIF of a right proximal humerus four part fracture 2. Frozen right shoulder, improving 3. Cervical s/s 4. Lower back pain 5. Headaches 6. Stress/anxiety Exam on 6/6/14 showed "C-spine range of motion is limited, can only flex/extend 30 degrees. L-spine range of motion is full, negative straight leg raise. Right shoulder range of motion is normal except abduction is 120 degrees." Dr. [REDACTED] is requesting pain management, psych evaluation and treatment, cervical pillow, and follow up. The utilization review determination being challenged is dated 6/23/14 and denies request for pain management due to limited evidence in exam findings/imaging data for its medical necessity, and partially certifies unspecified follow up request to one visit. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 2/12/14 to 6/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Evaluation and Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

Decision rationale: This patient presents with right shoulder pain, neck pain, and lower back pain and is s/p ORIF of right humerus from March 2014. The provider has asked for pain management on 6/6/14. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has chronic pain, and is not currently taking any opiates for pain control. Referral to chronic pain management appears reasonable and within ACOEM guidelines. Recommendation is for authorization.

Psych Evaluation & Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405.

Decision rationale: This patient presents with right shoulder pain, neck pain, and lower back pain and is s/p ORIF of right humerus from March 2014. The provider has asked for psych evaluation and treatment on 6/6/14 " for PTSD as he is now very fearful of water." Regarding psychological evaluations, ODG pain chapter recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). In this case, the patient suffers from PTSD and the provider has asked for psychologist involvement which appears reasonable and supported by the guidelines. Recommendation is for authorization. For on-going treatments, clinical and functional improvement must be documented.

Cervical Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Procedure Summary updated 04/14/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter online for Pillow: Aetna Clinical Policy Bulletin: Pillows and Cushions Number 00456 Policy.

Decision rationale: This patient presents with right shoulder pain, neck pain, and lower back pain and is s/p ORIF of right humerus from March 2014. The provider has asked for cervical pillow on 6/6/14. An ODG guideline recommends a pillow as a neck support pillow while sleeping, in conjunction with daily exercise. Aetna Clinical Policy Bulletin allows cushions if it is an integral part of, or a medically necessary accessory to, covered DME. In this case, the patient does not appear to have any medical equipment that requires a neck cushion. The provider does not provide a useful discussion regarding this request, and the necessity for a cervical pillow. Unless it is an integral part of DME, Aetna does not consider a cervical pillow as medically necessary. Recommendation is for denial.

Follow Up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary updated 05/15/2014 Evaluation and Management (E&M) Outpatient Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter Office Visits.

Decision rationale: This patient presents with right shoulder pain, neck pain, and lower back pain and is s/p ORIF of right humerus from March 2014. The treater has asked for a follow up on 6/6/14. Regarding Office Visits, ODG recommends as determined to be medically necessary based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the patient has had 7 office visits from 2/12/14 to 6/27/14, without ongoing neck and shoulder pain, and is 5 months post ORIF of his right humerus. The requested follow up appears reasonable for patient's chronic pain condition. Recommendation is for authorization.