

Case Number:	CM14-0115289		
Date Assigned:	08/04/2014	Date of Injury:	07/12/2007
Decision Date:	10/07/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational Medicine 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:

Patient is a 63-year-old female who has submitted a claim for bilateral cubital tunnel syndrome, right knee arthritis, right shoulder tendinitis, herniated and degenerated disks of the lumbar spine, left lower extremity radiculitis, cervical disc protrusion, right trigger thumb, chronic regional pain syndrome type 1, left knee meniscal tear, and depression associated with an industrial injury date of 7/12/2007. Medical records from 2013 to 2014 were reviewed. Patient complained of persistent neck pain and back pain, rated 10/10 in severity, radiating to the upper and lower extremities, respectively. It was associated with numbness and tingling sensation. Patient likewise reported persistence of knee pain bilaterally. Physical exam of the knee showed positive for crepitus, medial joint line tenderness, lateral joint line tenderness, and femoral facet tenderness. Neurovascular status was intact. Examination of the cervical spine showed tenderness and muscle spasm, but negative for Spurling's test. Motor strength and neurovascular status were intact. Examination of the lumbar spine showed tenderness and muscle spasm. Patient was not able to walk on toes and on heels. Straight leg raise test was positive at the left. Sensation was diminished at L5 to S1 dermatomes, left. Triggering of the thumb and tenderness of the right wrist were noted. Both Phalen's and Tinel's test were positive at the right. Review of respiratory system showed negative for cough or shortness of breath. Lungs were clear upon auscultation. There were no rales or wheezes appreciated. There was no dullness to percussion. Per utilization review, the request for CT scan of the chest was prior to surgery because patient was a smoker. Current treatment plan includes cervical spine decompression and fusion. CT scan of the thoracic spine, dated 4/6/2013, demonstrated mild osteoarthritis, minimal disk bulging at C6 to C7, possible herniation at T7-T8 with mild degree of spinal stenosis, and scoliosis. Electrodiagnostic study of bilateral upper extremities, dated 6/26/2013, demonstrated increased irritability in the bilateral C6 myotomes, compatible with root irritation at the foraminal level.

NCV was normal. MRI of the cervical spine, dated February 2014, showed C5 to C7 disk herniation with marked foramina stenosis and nerve compression. Treatment to date has included carpal tunnel release, lumbar epidural steroid injection, trigger point injection, Hyalgan injections to the right knee, right palm surgery, right knee surgery, occipital block injection, physical therapy, use of a cervical collar, and medications such as cyclobenzaprine, Wellbutrin, lisinopril, Dexilant, Norco, and Soma. Utilization review from 6/25/2014 denied the request for MRI of the cervical spine Tesla 1.5 #1 because a previous study was performed 2/22/2014 and there were no significant changes in patient's presentation to warrant repeat testing; denied Home care 4 hours a day x 7 days week for 1 month #31 days because of no documentation of any type of medical treatment required to be provided in her home; denied CT scan of the chest #1 because there was no documentation that the patient met the criteria of 30 pack year smoking history; and modified the request for Acupuncture sessions #12 into #6 as trial visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine Tesla 1.5 #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the patient complained of persistent neck pain, rated 10/10 in severity, radiating to bilateral upper extremities. Pain was associated with numbness and tingling sensation. Physical examination of the cervical spine showed tenderness and muscle spasm. Spurling's test was negative. Motor strength and neurovascular status were intact. Current treatment plan includes cervical spine decompression and fusion. However, MRI of the cervical spine was already accomplished on 2/22/2014, demonstrating C5 to C7 disc herniation with marked foramina stenosis and nerve compression. There is no clear indication for a repeat imaging at this time. There are no worsening of subjective complaints and objective finding to warrant such. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of the cervical spine Tesla 1.5 #1 is not medically necessary.

Home care 4 hours a day x 7 days week for 1 month #31 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, current treatment plan includes cervical spine decompression and fusion hence this request for home health care for post-operative care. However, there is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. The medical necessity cannot be established due to insufficient information. Therefore, the request for Home care 4 hours a day x 7 days week for 1 month #31 days is not medically necessary.

CT scan of the chest #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Pulmonary (Acute & Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Indications for CT Scan of the Thorax, Washington Radiology Associates

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article from Washington Radiology Associates was used instead. Clinical indications for CT scan of the thorax include: primary lung cancer and staging, evaluation of solitary pulmonary nodule seen on CXR, mediastinal pathology, cardiac diseases, pulmonary infection and inflammatory disease, trauma, and lung cancer screening. In this case, current treatment plan includes cervical spine decompression and fusion. Per utilization review, the request for CT scan of the chest was prior to surgery because patient was a smoker. However, review of respiratory system showed negative for cough or shortness of breath. Lungs were clear upon auscultation. There were no rales or wheezes appreciated. There was no dullness to percussion. Number of pack years of smoking history was not disclosed. The medical necessity cannot be established due to insufficient information. There was no clear indication for this request. Therefore, the request for CT scan of the chest #1 is not medically necessary.

Acupuncture sessions #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, there was no prior enrollment to acupuncture. Patient complained of persistent neck pain and back pain, rated 10/10 in severity, radiating to the upper and lower extremities, respectively. It was associated with numbness and tingling sensation. Patient likewise reported persistence of knee pain bilaterally. Symptoms persisted despite physical therapy, activity restrictions and intake of medications. Acupuncture is a reasonable treatment option at this time. However, the present request for 12 sessions exceeded guideline recommendation of 3 to 6 visits as initial trial. There is no discussion concerning need for variance from the guidelines. Moreover, body part to be treated is not specified. Therefore, the request for acupuncture x 12 is not medically necessary.