

Case Number:	CM14-0133203		
Date Assigned:	08/22/2014	Date of Injury:	09/16/1998
Decision Date:	09/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 injured worker is a 49-year-old male who reported an injury on 09/16/1998. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical discopathy at C4-5 and to some extent C5-6, post laminectomy syndrome status post fusion with need for revision fusion at L4-5. Physical medical treatment includes physical therapy, acupuncture therapy, chiropractic manipulation, surgical intervention, local intense neurostimulation, epidural injections, sacroiliac joint blocks, and medication therapy. Medications include Norco, Voltaren, and Remeron. MRIs of the lumbar spine were obtained on 11/21/2013. On 03/04/2014, the injured worker complained of cervical spine pain, lumbar spine pain, and left elbow pain. Physical examination revealed that the injured worker had an average pain of 7/10 to 8/10. Range of motion of the cervical spine revealed flexion of 45 degrees, extension of 15 degrees, right rotation of 80 degrees, left rotation of 80 degrees, right lateral flexion of 40 degrees, and left lateral flexion of 40 degrees. Range of motion of the lumbar spine revealed a flexion of 35 degrees, extension of 10 degrees, right rotation of 25 degrees, left rotation of 30 degrees, right lateral flexion of 25 degrees and left lateral flexion of 25 degrees. Range of motion of the elbow was within normal limits without pain. The treatment plan was for the injured worker to continue the use of acupuncture therapy and chiropractic manipulation. The provider is also requesting that the injured worker undergo autonomic nervous system sudomotor testing, autonomic parasympathetic testing, nervous adrenergic innervation testing, and a rhythm ECG. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and decrease the side effect of medication induced nausea, promote relaxation in an anxious injured worker and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinical significant improvement in activities of daily living or a reduction in work restrictions. The documentation revealed that the injured worker had previous sessions of acupuncture. It was not noted in the submitted report whether the sessions helped with any functional deficits the injured worker had. There was also no evidence as to how many sessions with the injured worker had already undergone to date. There was no documentation stating that the injured worker's pain levels were before, during, and after the sessions of acupuncture. No assessments were submitted for review. It is stated in the guidelines that functional improvement is within the first 3 to 6 treatments and acupuncture may be extended if functional improvement is documented including either a clinical significant improvement in activities of daily living or a reduction in the work restriction. There was no such evidence reported in the review as submitted. Additionally, the submitted request did not specify which body part would be receiving the acupuncture therapy. Furthermore, the submitted request is for an additional 12 sessions which exceeds the recommended guideline criteria. As such, the request for an additional 12 sessions of acupuncture is not medically necessary.

Chiropractic 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Chiropractic therapy is manual therapy that moves a joint beyond a physiologic range of motion but not beyond the autonomic range of motion. It is recommended for low back pain. Not recommended for ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, and knee. Treatment parameters from state guidelines stipulate and it takes 4 to 6 treatments to produce effect, 1 to 2 times per week for the first 2 weeks and then treatment may continue at 1 treatment per week for the next 6 weeks; maximum duration of 8 weeks. Given that the, the injured

worker is not within the MTUS Guidelines. The submitted report had no evidence of chronic pain caused by musculoskeletal conditions. There was no evidence showing that the injured worker would not benefit from a home exercise program. Furthermore, the injured worker had already completed sessions of chiropractic therapy. The submitted report did not indicate what the outcomes of such sessions were. It also did not indicate how many sessions the injured worker had completed. The guidelines recommend 1 treatment session per week for 6 weeks. The request did not specify the frequency of the visits. Additionally, the request as submitted did not specify what part of the body needed the chiropractic therapy. The request as submitted exceeds the recommended guidelines for chiropractic therapy. As such, the request for an additional 6 chiropractic sessions is not medically necessary.

Autonomic Nervous System Sudomotor Testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, diagnostic tests.

Decision rationale: Official Disability Guidelines states that diagnostic testing to diagnose CRPS is recommended. Assessment of clinical findings is the most useful method of establishing the diagnosis. Specific procedures are not generally recommended, except as indicated: there should be evidence that the Budapest criteria have been evaluated for and fulfilled, there should be evidence that all other diagnoses have been ruled out. A diagnosis of CRPS should not be accepted without a documented and complete differential diagnostic process completed as a part of the record, if a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase without evidence of thermal or tactile sensory block, evidence of a Horner's response to upper extremity blocks should be documented. The use of sedation with a block and influence results, and this should be noted. Diagnostic tests that are recommended by ODG for diagnosis of CRPS are: infrared thermometry, an NCV, and sympathetic nerve blocks. Given the above, the requested tests are not within the Official Disability Guidelines. As such, the request for Autonomic Nervous System Sudomotor Testing is not medically necessary.

Autonomic Nervous Parasympathetic Test (cardio-respirator/autonomic function assessment): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, diagnostic tests.

Decision rationale: Official Disability Guidelines states that diagnostic testing to diagnose CRPS is recommended. Assessment of clinical findings is the most useful method of establishing the diagnosis. Specific procedures are not generally recommended, except as indicated: there should be evidence that the Budapest criteria have been evaluated for and fulfilled, there should be evidence that all other diagnoses have been ruled out. A diagnosis of CRPS should not be accepted without a documented and complete differential diagnostic process completed as a part of the record, if a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase without evidence of thermal or tactile sensory block, evidence of a Horner's response to upper extremity blocks should be documented. The use of sedation with a block and influence results, and this should be noted. Diagnostic tests that are recommended by ODG for diagnosis of CRPS are: infrared thermometry, an NCV, and sympathetic nerve blocks. Given the above, the requested tests are not within the Official Disability Guidelines. As such, the request for Autonomic Nervous Parasympathetic Test (cardio-respirator/autonomic function assessment) is not medically necessary.

Autonomic Nervous Adrenergic Innervation Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, diagnostic tests.

Decision rationale: Official Disability Guidelines states that diagnostic testing to diagnose CRPS is recommended. Assessment of clinical findings is the most useful method of establishing the diagnosis. Specific procedures are not generally recommended, except as indicated: there should be evidence that the Budapest criteria have been evaluated for and fulfilled, there should be evidence that all other diagnoses have been ruled out. A diagnosis of CRPS should not be accepted without a documented and complete differential diagnostic process completed as a part of the record, if a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase without evidence of thermal or tactile sensory block, evidence of a Horner's response to upper extremity blocks should be documented. The use of sedation with a block and influence results, and this should be noted. Diagnostic tests that are recommended by ODG for diagnosis of CRPS are: infrared thermometry, an NCV, and sympathetic nerve blocks. Given the above, the requested tests are not within the Official Disability Guidelines. As such, the request for Autonomic Nervous Adrenergic Innervation Test is not medically necessary.

Rhythm ECG with report: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG).

Decision rationale: ODG recommends ECG for patients undergoing high risk surgery and those undergoing immediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of therapy operative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Given the above, the injured worker is not within Official Disability Guidelines. The submitted report did not indicate that the injured worker was undergoing any type of surgery. Furthermore, there was no quantified evidence indicating that the injured worker would be a high risk for surgery. As such, the request for Rhythm ECG with report is not medically necessary.