

Case Number:	CM14-0140133		
Date Assigned:	09/08/2014	Date of Injury:	03/21/2012
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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 66 year-old male with date of injury 03/21/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/04/2014, lists subjective complaints as pain in the neck, low back, left hip and left knee. Objective findings: Restricted range of motion with pain, spasm, and muscle guarding of the cervical and lumbar spine with tenderness to palpation of the paraspinal musculature. Deep tendon reflexes of the upper and lower extremities were equal and symmetrical bilaterally. Evaluation of the dermatomes to the upper and lower extremities revealed hyposthesia of the right C7 and C8 dermatome as compared to left as well as over the right L5 and S1 dermatomes as compared to the left utilizing the Wartenberg pinwheel. Diagnosis: 1. Thoracic sprain/strain 2. Cervical myospasm 3. Lumbar sprain/strain 4. Sacroiliac strain/sprain 5. Hip strain/sprain 6. Knee strain/sprain 7. Anxiety 8. Depression. There was no documentation of a cardiac examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The previous utilization review physician authorized 6 acupuncture visits as a trial of efficacy. The medical record does not contain documentation of functional improvement as a result of that trial. Twelve visits of Acupuncture are not medically necessary.

Neuromuscular reeducation procedure and soft tissue techniques: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT)

Decision rationale: Neuromuscular re-education is a technique in physical therapy which is intended to improve balance, coordination, kinesthetic sense, posture, and proprioception. Neuromuscular re-education may be considered medically necessary if at least one of the following conditions is present and documented: 1) the patient has the loss of deep tendon reflexes and vibration sense accompanied by paresthesia, burning, or diffuse pain of the feet, lower legs, and/or fingers; 2) the patient has nerve palsy, such as peroneal nerve injury causing foot drop; or 3) the patient has muscular weakness or flaccidity as a result of a cerebral dysfunction, a nerve injury or disease, or has had a spinal cord disease or trauma. The patient's physical exam shows that he has normal reflexes in the lower extremities. A sensory exams not documented. The patient has no diagnosis of nerve palsy, cerebral dysfunction, nerve or spinal cord disease. The request for Neuromuscular Reeducation Procedure And Soft Tissue Techniques is not medically necessary.

Psychological treatment/examination: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding psychological.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The MTUS recommends behavioral interventions be initiated with a trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may then be authorized. The request for psychological evaluation and treatment in his nonspecific, and with no stated endpoint, such as a trial of 3-4 visits, the request for treatment cannot be recommended. Psychological Evaluation/Treatment is not medically necessary.

Cardiologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter; regarding 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation, in particular, a causal relationship to the occupational injury, and does not support a referral request. The request for Cardiologist is not medically necessary.

Chiropractic manipulation with physiotherapy, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;regarding manualtherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The patient is currently under the care of a chiropractor and has had numerous treatments. He reports feeling worse after chiropractic treatment. In addition, there is no documentation that the patient has gained any functional improvement as a result of chiropractic. Chiropractic Manipulation With Physiotherapy as not medically necessary.

Referral to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter; regarding 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 127

Decision rationale: According to the MTUS, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient has been refractory to all treatment modalities up to this point. Obtaining the opinion of a pain management physician is a reasonable next step. I am reversing the prior utilization review decision. Referral To Pain Management is medically necessary.

