MAXIMUS Federal Services

Case Number:	CM14-0143851		
Date Assigned:	09/29/2014	Date of Injury:	03/21/2009
Decision Date:	11/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 Neurosurgery and is licensed to practice in Georgia and Virginia. 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 45-year-old male who reported an injury on 03/21/2009. The mechanism of injury was the injured worker was struck on the right side of the head with a steel bar connected to a piece of railroad track. The surgical history included an anterior cervical discectomy and spinal cord decompression on 04/07/2014. The documentation indicated the injured worker was approved for a CT scan of the face to evaluate the status of multiple fractures, as the injured worker had a history of an infraorbital fracture of the face. The injured worker's medications included Dilantin, Keppra, Norco, Flexeril, and Xanax. The prior therapies included physical therapy. The documentation of 07/08/2014 revealed the injured worker was having problems with activities of daily living including sleeping, heavy lifting, exercising, seeing, feeling, tasting, smelling, and emotional stability. The documentation indicated the injured worker as not on physiotherapy. The injured worker had no seizures since the last evaluation. The physical examination revealed the injured worker had right more than left occipital cranial cervical spasm and right TMJ tenderness. The mental status examination revealed difficulty with concentration. The injured worker had difficulty with serial sevens. The cranial nerve examination revealed anosmia. The injured worker kept his head tilted and he had oblique diplopia. The Bielchowsky maneuver was negative. The right palpebral fissure was 2 mm smaller than the left. The injured worker had right V2 anesthesia. The injured worker had mild right ear hypoacusia. The Weber test lateralized to the right. The air conduction was greater than the bone conduction test. Motor examination revealed a mildly weaker hand grip, greater on the left side than the right. The injured worker had decreased sensation in the ventromedial arm, right hypothenar and left thenar regions. The Romberg's test was positive. The injured worker had right knee tenderness and bilateral shoulder tenderness with mild to moderate decreased range of motion. The injured worker had lumbar spine tenderness. The

Tinel's sign was mildly positive at the bilateral wrists. The straight leg raise was to 70 degrees bilaterally. The deep tendon reflexes were hypoactive throughout and the injured worker had a negative Babinski. The diagnoses included occipital neuralgia, seizures posttraumatic, right trigeminal anesthesia at V2 with diplopia, probably the fourth cranial nerve, TMJ pain, cervical more than lumbar radiculopathy, bilateral shoulder pain, right knee pain, cognitive difficulties, emotional stress, and decreased libido, under the care of a psychiatrist, sleep disturbance, and dental injuries deferred to a dentist. The recommendations included an MRI of the lumbar spine, brain, both TMJ, both shoulders, and right knee, a CT of the facial bones to assess the status of multiple fractures, a videonystagmogram to assess the cause of vertigo and in order to make appropriate recommendations for treatment, an electroencephalogram to evaluate the injured worker's seizures, a sleep lab evaluation, baseline blood tests to include Dilantin levels, CBC, comprehensive metabolic panel, H pylori test, liver panel and lipid panel, consultation with neuro ophthalmologist due to ongoing diplopia and history of infraorbital fracture, home assistance and transportation due to seizures and chronic pain, treatments with a acupuncture, and in interferential stimulator unit to be used at home, a formal Functional Capacity Evaluation to determine present capabilities for employment, neurocognitive evaluation to determine the level of cognitive impairment, urine drug screen, toxicologist, and a follow-up in 6 weeks. Additionally, the diagnoses included headache and lumbar and cervical radiculopathy. Other treatments included a percutaneous neurostimulator and anatomical rating. There was no rationale submitted for review for the anatomical rating, the percutaneous neurostimulator, or the MRIs that were requested. The requests for authorizations forms were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture visits: 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. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to indicate the injured worker had a reduction in pain medication or that the medication was not tolerated. There was a lack of documentation indicating a necessity for 12 sessions, as the time to produce functional improvement is 3 to 6 treatments. The request as submitted failed to indicate the body part to be treated with acupuncture. Given the above, the request for acupuncture visits are not medically necessary.

120 hours of home care for one (1) month for four (4) hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05/06/11), Chapter 7-Home Health Services, section 50.2 (Home Health Aide Services)

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

Decision rationale: The California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review indicated the injured worker was having difficulty with activities of daily living which would not include medical treatment. There was a lack of documentation indicating the injured worker was homebound. There was a lack of documentation indicating the injured worker was in need of medical treatment. Given the above, the request for 120 hours of home care for 1 month, for 4 hours per day, is not medically necessary.

Unknown transportation to all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments)

Decision rationale: The Official Disability Guidelines recommend transportation to and from all medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The clinical documentation submitted for review indicated the injured worker had a need for transportation due to seizures and chronic pain. However, there was a lack of documentation indicating the quantity of transportation sessions and duration of care. There was a lack of documentation indicating the injured worker did not have a family member or friend available to transport to medically necessary appointments. Additionally, there was a lack of documentation indicating the location for the office visits and as such, it could not be determined if the office visits were in the same community. Given the above, the request for unknown transportation to all medical appointments is not medically necessary.

1 Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Page(s): 118.

Decision rationale: The Official Disability Guidelines recommend transportation to and from all medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The clinical documentation submitted for review indicated

the injured worker had a need for transportation due to seizures and chronic pain. However, there was a lack of documentation indicating the quantity of transportation sessions and duration of care. There was a lack of documentation indicating the injured worker did not have a family member or friend available to transport to medically necessary appointments. Additionally, there was a lack of documentation indicating the location for the office visits and as such, it could not be determined if the office visits were in the same community. Given the above, the request for unknown transportation to all medical appointments is not medically necessary.

1 Percutaneous neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/PENS (Percutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: The California MTUS Guidelines do not recommend percutaneous electrical nerve stimulation as a primary treatment modality. However, a trial may be considered if it is used as an adjunct to a program of evidence based functional restoration. There should be documentation that other nonsurgical treatments, including exercise and TENS unit, have been trialed and failed, or were judged to be unsuitable or contraindicated. The clinical documentation submitted for review failed to provide documented rationale for TENS unit. There was a lack of documentation indicating that therapeutic exercise and TENS had been trialed and failed or had been judged unsuitable or contraindicated. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for 1 percutaneous neurostimulator is not medically necessary.

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. There was a lack of documentation indicating the injured worker had failed an attempt to return to work. There was a lack of documentation

indicating that all secondary conditions had been clarified. Given the above, the request for 1 Functional Capacity Evaluation is not medically necessary.

1 set of tests to include (complete blood count, comprehensive metabolic panel, H-pylori tests, Dilantin blood level, liver panel and lipid panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Directors Association (AMDA). Anemia in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2007. 28p [65 references]NgA, etal. Expert Panel on Radiation Oncology-Hodgkin's Lymphoma. ACR Appropriateness Criteria follow-up for Hodgkin's Lymphoma. [online publication]. Reston (VA): American College of Radiology (ACR); 2010.10p [63 references)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67. Decision based on Non-MTUS Citation Lipids: http://labtestsonline.org/understanding/analytes/lipid/tab/glance/ CBC : http://labtestsonline.org/understanding/analytes/cbc/tab/glance CMP: http://labtestsonline.org/understanding/analytes/cmp/tab/faq H pylori: http://labtestsonline.org/understanding/analytes/h-pylori/tab/glance/ dilantin level: http://labtestsonline.org/understanding/analytes/therapeutic-drug/

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. There was a lack of documented rationale for the requested labs and documentation whether prior lab studies had been performed. Additionally, monitoring of the liver function would be included in a comprehensive metabolic pain. As such, this request would be duplicative. This portion of the request would not be supported. Per labtestsonline.org, a lipid panel is performed "To assess your risk of developing cardiovascular disease (CVD) and to monitor treatment". The clinical documentation submitted for review failed to provide rationale for a lipid panel. This request would not be supported. Perlabtestsonline.org a complete blood count (CBC) is performed "to determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer". The clinical documentation submitted for review indicated the request for a complete blood count was part of a baseline panel. However, there was a lack of documented rationale for a complete blood count. There was a lack of documentation indicating the physician had a suspicion of anemia, infection, inflammation, bleeding disorder, or cancer. This portion of the request would not be supported. Per labtestonline.org a comprehensive metabolic panel (CMP) may be ordered if the healthcare provider "wants to get a more complete picture of the status of a person's organ function or to check for specific conditions, such as diabetes or liver or kidney disease". The clinical documentation submitted for review failed to provide the physician had a suspicion of diabetes, liver, or kidney disease. This request would not be supported. Per labtestsonline.org an H. Pylori test is performed to "diagnose an infection with Helicobacter pylori, which can cause peptic ulcers...when there are symptoms of an ulcer." The clinical documentation submitted for review failed to indicate the injured worker had signs or symptoms of a peptic ulcer. There was

a lack of documented necessity for this request. This portion of the request would not be supported. Per labtestsonline.org "Therapeutic drug monitoring is the measurement of specific drugs at timed intervals in order to maintain a relatively constant concentration of the medication in the bloodstream. Monitored drugs tend to have a narrow "therapeutic index," a ratio between the toxic and therapeutic doses of medications". The clinical documentation submitted for review indicated the injured worker had no seizures, which would not support the necessity for a therapeutic level of Dilantin. This request would not be supported. Given the above, the request for 1 set of tests to include (complete blood count, comprehensive metabolic panel, H-pylori tests, Dilantin blood level, liver panel and lipid panel is not medically necessary.

1 Electroencephalogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (trauma, headaches, etc; not including stress & mental disorders)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, EEG (neurofeedback)

Decision rationale: The Official Disability Guidelines indicate that an electroencephalogram is appropriate if there is a failure to improve or additional deterioration following initial assessment and stabilization. The clinical documentation submitted for review indicated the rationale for the requested EEG was to evaluate the injured worker's seizures. There was documentation the injured worker had no further seizures. There was a lack of documentation indicating the injured worker had additional deterioration or a failure to improve. Given the above, the request for an electroencephalogram is not medically necessary.

1 Cognitive 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 (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Neuropsychological testing

Decision rationale: The Official Disability Guidelines recommends Neuropsychological testing for severe traumatic brain injury, but not for concussions lasting beyond 30 days. Additionally, for concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. The physician indicated that cognitive testing was a concentration test and, depending on the value, a psychologist would determine if cognitive behavioral therapy was needed. The injured worker was noted to have difficulty with serial 7 testing. However, there was no documentation the injured worker had difficulty remembering

things, had trouble following the conversation and examination with the provider, or had complaints of forgetfulness or misplacing items. The provider indicated the request was for neurocognitive testing. However, the request as submitted failed to indicate the specific cognitive testing that was being requested. Given the above, the request for 1 cognitive test is not medically necessary.

1 Dizziness 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 (ODG), Head (trauma, headaches, etc. not including stress & mental disorders)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Vestibular studies

Decision rationale: The Official Disability Guidelines recommend vestibular studies to assess the function of the vestibular portion of the inner ear for injured workers who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The clinical documentation submitted for review indicated the injured worker was to be tested to assess the cause of vertigo and in order to make appropriate recommendations for treatment. The clinical documentation submitted for review, while indicating the injured worker had no complaints of dizziness, indicated the injured worker had a positive Romberg maneuver test, which could indicate vestibular dysfunction, which would support the necessity for testing. However, the request as submitted failed to indicate the specific dizziness test being requested. Given the above, the request for 1 dizziness test is not medically necessary.

1 MRI of the cervical spine with Tesla 3.0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Indications for Imaging--MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, MRI

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is reserved for injured workers who have a significant change in symptoms of findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had undergone surgical intervention. There was a lack of documentation of specific myotomal or dermatomal findings to support the necessity for a repeat MRI. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings of significant pathology. Given the above, the request for 1 MRI of the cervical spine with Tesla 3.0 is not medically necessary.

1 Anatomical rating: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.vitalimaging.com/impairment-reports/

Decision rationale: Per vitalimaging.com, "from a medical point of view, impairment is essentially a loss of function.... The AMA (American Medical Association) has spent millions of dollars studying, documenting, and objectifying various aspects of different losses or impairments and how they detract from the overall function of a hypothetical "whole person"....It is the only 1 system of evaluating or rating impairment but is the system that has been mandated by more legislatures, including California, as the basis for impairment ratings within their Workers' Compensation programs than any others."....."There are 2 main aspects of impairment analysis, including clinical and anatomical ratings." The clinical documentation submitted for review failed to provide a rationale for the requested intervention. There was a lack of documentation indicating a necessity for anatomical rating. Given the above, the request for 1 anatomical rating is not medically necessary.

1 sleep study: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that polysomnography is recommended for the combination of excessive daytime sleepiness, cataplexy, morning headaches, intellectual deterioration, personality change, sleep related breathing disorder or periodic limb movement disorder is suspected, and insomnia complaint for at least 6 months, including at least 4 nights a week, unresponsive to behavioral interventions and sedative/sleep promoting medications and psychiatric etiology has been excluded. The clinical documentation submitted for review indicated the injured worker had difficulty sleeping. However, there was a lack of documentation of a rationale for a formal sleep lab evaluation. There was a lack of documentation indicating the injured worker met the above criteria. Given the above, the request for 1 sleep study is not medically necessary.

Unknown occipital block injections: Upheld

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

(trauma, headaches, etc. not including stress & mental disorders), Greater Occipital Nerve Block (GONB)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater occipital nerve block (GONB)

Decision rationale: The Official Disability Guidelines indicate that greater occipital nerve blocks are under study for the treatment of primary headaches and when used for the treatment of migraine or cluster headaches there are conflicting results. However, when positive the response was limited to a short duration. There was a lack of documented rationale for the request for occipital nerve blocks. Additionally, the request as submitted failed to indicate the quantity of occipital block injections. Given the above, the request for unknown occipital block injections is not medically necessary.

1 MRI of the lumbar spine with Tesla 3.0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Indications for Imaging--MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who have not responded to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to indicate the injured worker had unequivocal objective findings identifying specific nerve compromise. There was a lack of documentation of conservative care directed specifically at the lumbar spine. Additionally, there was a lack of documentation of prior studies. Given the above, the request for 1 MRI of the lumbar spine with Tesla 3.0 is not medically necessary.