MAXIMUS Federal Services

Case Number:	CM15-0010990		
Date Assigned:	01/28/2015	Date of Injury:	10/27/2011
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on 10/27/2011. The diagnoses have included pelvic nerve entrapment syndrome, failed cervical fusion surgery, possible right thoracic outlet syndrome, depression, lumbar disc spondylosis with chronic low back pain and fibromyalgia. Treatment to date has included pelvic floor physical therapy and medications. According to the supplemental report dated 12/3/2014, the injured worker complained of severe penile, groin and pelvic pain. He also complained of neck and right upper extremity radiating pain following failed cervical fusion. Physical exam revealed the injured worker to be chronically ill, tremulous and anxious. He had mild right scalene and right periscapular tenderness. He had severe bilateral buttock and ischial bursa tenderness, right greater than left. A piriformis trigger point injection was performed at the 12/3/2014 office visit with significant immediate improvement. Current medications included MS Contin, Amitriptyline, Flexeril and Cymbalta. Authorization was requested for magnetic resonance imaging (MRI) neurography of the pelvis, 10 additional pelvic floor therapy visits and brachial plexus Doppler ultrasound. On 12/30/2014, Utilization Review (UR) non-certified a request for 10 additional pelvic floor therapy visits, noting that the number of pelvic floor sessions to date was not documented. UR non-certified a request for brachial plexus Doppler ultrasound with arterial and venous flow, noting that guidelines recommend against vascular Doppler ultrasound for diagnosis of thoracic outlet syndrome. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional pelvic floor therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Hip & Pelvis, Low Back; Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: MTUS Guidelines recommend up to 10 total sessions of therapy for most chronic conditions including neuritic conditions which this individual has. It is clearly documented that a full course of therapy has been completed (the exact number is not documented) and an additional 10 sessions is requested. There is not evidence that this individual has benefited from the therapy as there are increased complaints of pain and deteriorating function. There are no unique circumstances that would justify and exception to Guidelines with an extension of an additional 10 sessions of therapy. The 10 additional sessions of pelvic floor therapy is not medically necessary.

Brachial plexus doppler ultrasound with anterial and venous flow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Arterial Ultrasound TOS testing,Vascular Doppler Ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and do not recommend ultrasound testing for TOS due to its lack of specificity and high false postive results. The request for Brachial plexus doppler ultrasound with arterial and venous flow is not supported by Guidelines and is not medically necessary.