

Case Number:	CM15-0118183		
Date Assigned:	06/26/2015	Date of Injury:	01/20/2000
Decision Date:	10/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial injury on 1/20/2000, after a trip and fall. Multiple injuries/dates were noted within the submitted medical records. The injured worker was diagnosed as having cervical spine disc bulges, thoracic spine disc bulge, lumbar spine disc bulge, bilateral shoulder strain, bilateral elbow strain, bilateral wrist/hand strain, bilateral knee strain, and bilateral ankle/feet strain. Treatment to date has included diagnostics, cervical epidural steroid injections, recommended lumbar epidural steroid injections, extracorporeal shockwave treatments, mental health treatment, physical therapy, chiropractic, acupuncture and medications. The 7/27/2006 MRI of the cervical spine showed multilevel disc bulges. Several documents within the submitted medical records were difficult to decipher. There were reported following evaluations by Orthopedic and Pain Medicine specialists in 2014. Currently (5/27/2015), the injured worker complains of pain in her neck, back, elbows, shoulders, wrists/hands, knees, and ankles/feet. No new areas of pain or numbness and tingling were described. There were objective findings of positive cervical spine compression test and decreased sensation over the C6-C7 dermatomes. Pain was not rated and current medication regimen was not described. The treatment plan included lumbar and cervical epidural steroid injections, acupuncture to the cervical/thoracic/lumbar spines and bilateral shoulder (2x12), follow-up with pain medicine for chronic pain, and follow up with psychology for anxiety and depression, initial consultation with a hand specialist, and follow-up with orthopedic specialist. She was retired. Multiple urine toxicology reports were submitted, noting inconsistencies with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT. The presence of significant psychosomatic disorders is associated with decreased efficacy and compliance of interventional pain procedures and surgeries. The records indicate subjective, objective and radiological findings consistent with cervical radiculopathy. There was documentation of significant pain relief that was sustained for more than 6 months following the 2014 cervical epidural steroid injection. The criteria for epidural steroid injection cervical spine was met. Therefore, the requested treatment is medically necessary.

Epidural steroid injection for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT. The presence of significant psychosomatic disorders is associated with decreased efficacy and compliance of interventional pain procedures and surgeries. The records did not indicate subjective, objective and radiological findings consistent with lumbar radiculopathy. The criteria for epidural steroid injection lumbar spine was not met. Therefore, the request is not medically necessary.

Acupuncture two (2) times a week for twelve (12) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Acupuncture.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Acupuncture treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of acupuncture can result in pain relief, reduction in medications utilization and functional restoration. There is no record indicating significant pain relief and functional restoration following previous acupuncture treatments. The guidelines recommend that a trial acupuncture be completed with documentation of efficacy before the treatments can be extended beyond the initial one week period. The criteria for acupuncture treatments 2 times a week for 12 weeks was not met. Therefore, the request is not medically necessary.

Pain medicine follow-up: 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 Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to specialists for evaluation and treatment when the diagnosis is too complex or there are significant psychosomatic disorders associated with the chronic musculoskeletal pain. The records indicate that the patient was evaluated and treated by many specialists including mental health, orthopedics and pain medicine. There is documentation of significant co-existing psychiatric disorders. The criteria for Pain Medicine follow-up was not met. Therefore, the request is not medically necessary.

Psych follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 378-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to specialists for evaluation and treatment when the diagnosis is too complex or there are significant psychosomatic disorders associated with the chronic musculoskeletal pain. The records indicate that the patient was evaluated and treated by many specialists including mental health, orthopedics and pain medicine. There is documentation of significant co-existing

psychiatric disorders. The criteria for Psych follow-up was met. Therefore, the request is medically necessary.

Initial hand specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Upper Extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to specialists for evaluation and treatment when the diagnosis is too complex or there are significant psychosomatic disorders associated with the chronic musculoskeletal pain. The records indicate that the patient was evaluated and treated by many specialists including mental health, orthopedics and pain medicine. There is documentation of significant co-existing psychiatric disorders. There is no indication of deteriorating complex hand condition that was not addressed by the orthopedic surgeon. The criteria for initial hand specialist consultation was not met. Therefore, the request is not medically necessary.

Orthopedic specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to specialists for evaluation and treatment when the diagnosis is too complex or there are significant psychosomatic disorders associated with the chronic musculoskeletal pain. The records indicate that the patient was evaluated and treated by many specialists including mental health, orthopedics and pain medicine. There is documentation of significant co-existing psychiatric disorders. The criteria for orthopedic specialist consultation follow-up was not met. Therefore, the request is not medically necessary.