

Case Number:	CM15-0079945		
Date Assigned:	04/30/2015	Date of Injury:	10/27/2010
Decision Date:	07/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old male who sustained an industrial injury on 10/27/2010. The injured worker was diagnosed with cervical disc and lumbar disc syndrome, left knee osteoarthritis/degenerative joint disease and status post medial meniscus repair. The injured worker has a medical history of hypertension, gastroesophageal reflux disorder (GERD), diabetes mellitus and diabetic retinopathy with vision loss in right eye. Treatment to date includes diagnostic testing, surgery, physical therapy, transforaminal epidural steroid injection (ESI) bilateral L4-5 and L5-S1, upper endoscopy, multiple consultations and follow-upper evaluations and medications. The injured worker is status post left knee arthroscopy, coronary stent (2011) and right eye laser surgery. According to the primary treating physician's progress report on February 15, 2015, the injured worker continues to report cervical, lumbar, and lumbosacral pain, bilateral leg to foot pain and bilateral hand pain with foot and hand numbness and tingling. The injured worker rates his pain level at 4/10 and present 90% of the time, at its worse 9/10 and 2/10 at its best. Examination of the cervical spine noted midline tenderness at C4-5 and C5-6 with full range of motion in all planes. The lumbar spine demonstrated tenderness and spasm of the paraspinal muscles bilateral with full range of motion. The left knee examination demonstrated moderate to severe patellofemoral crepitus with tenderness at the medial joint line and normal range of motion. McMurray's internal and external rotation tests were positive. The left lower extremity noted decreased motor strength and equal bilateral dermatome evaluations. Current medications noted as of the March 18, 2015 medical review are

Aspirin, Plavix, Fludrocortisone, Colace, Humalog, cardiac and anti-hypertensive medications. There was no documentation of pain medications or anti-neuropathic medications noted. Treatment plan consists of dietary reinforcement, charting blood pressures and glucose readings and the current request for acupuncture therapy, cardiology consultation, home health care, transfer of care and transportation to and from appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 24 hrs/day x 2 months Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 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." Given the medical records provided, employee does not appear to be "homebound." The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as "medical treatment", as defined in MTUS. As such, the current request for Home health care 24 hrs/day x 2 months Qty: 1.00 is not medically necessary.

Transportation to and from appointments Qty: 1.00: 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), Knee & Leg, Back (Acute & Chronic).

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

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self- transport. (CMS, 2009)" The treating physician has not provided evidence of significant functional deficits on physical exam that would prevent the patient from utilizing public transportation. In addition, the treating physician did not provide evidence that the patient does not have family members to assist with transportation. The treating physician does not

provide enough information to satisfy guidelines. As such, the request for Transportation to and from appointments Qty: 1.00 is not medically necessary at this time.

Cardiology consult Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Chapter 7, page 127 regarding Independent Medical examinations and consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested evaluation and treatment. The treatment notes do not detail what medications and symptoms are to be evaluated and treated. As such, Cardiology consult Qty: 1.00 is not medically necessary at this time.

Acupuncture therapy Qty: 8.00: 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten

functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" There is no evidence provided that indicates the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. Additionally, the requested number of treatments is in excess of guideline recommendations of a trial. The previous reviewer modified the request to Acupuncture therapy Qty: 6, with a reminder that future requests will require objective evidence of functional improvement and benefit. As such, the request for Acupuncture therapy Qty: 8.00 is not medically necessary.

Transfer of care Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Chapter 7, page 127 regarding Independent Medical examinations and consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33, Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits Pain, Chronic Pain Programs.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." MTUS states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional

improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." ODG states concerning chronic pain programs "(e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function." The treating physician requests that the patient's care be transferred to pain management specialist, [REDACTED]. The treating physician does document the use of opioids and has provided detailed documentation of chronic pain treatment trials and failures to meet the requirements for pain management referral. As such the request for Transfer of care Qty: 1.00 is medically necessary.