MAXIMUS Federal Services

Case Number:	CM15-0093647		
Date Assigned:	05/19/2015	Date of Injury:	07/14/2014
Decision Date:	06/22/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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 43 year old female patient who sustained an industrial injury on 07/14/2014. A primary treating office visit dated 10/27/2014 reported the patient with subjective complaint of bilateral knee, cervical spine left shoulder and lower back pains. The impression found the patient with persistent pain in multiple body parts. There is clinical evidence for disc herniation of the cervical spine at C5-6, as well as left shoulder rotator cuff tear with possible labral tear. In addition, to a triangular fibro cartilage tear of the right wrist, and clinical evidence of disc herniation of the lumbar spine. She has been treated conservatively with medications and some physical therapy, but had done poorly. The following diagnoses were applied: rotator cuff capsule sprain; knee pain; herniated nucleus pulposus, and displacement of cervical intervertebral disc without myelopathy. The plan of care involved: continuing with recommendation to undergo magnetic resonance imaging scan of cervical spine, left shoulder, right wrist, and lumbar spine; undergo nerve conduction study of left upper extremity, and obtain a urine drug screen. She is to follow up in 6 weeks. By 12/08/2014, she had subjective complaint of ongoing bilateral shoulder, neck, lumbar spine pains. In addition, she states having sharp pain in the right side that causes her right eye to twitch. Objective findings showed the patient with tenderness along the trapezius muscle bilaterally with associated spasm, bilateral hands/wrists revealed marked tenderness over the right wrist with clicking and catching consistent with triangular fibro cartilage tear. She also is with lumbar spine marked tenderness and spasm. The treating diagnoses remain unchanged. The patient underwent electro diagnsotic testing that revealed all nerve conduction studies were within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 for lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has participated in physical therapy for the lumbar back previously without documentation of functional improvement or decrease in pain. The request for physical therapy 2 x 3 for lumbar and cervical spine is determined to not be medically necessary.

Interferential unit and supplies 30-6- day rental (and purchase if effective) to lumbar and cervical spine: 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 (ICS) Section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. There is no evidence of a effort to use conservative treatment measures. The request for interferential unit and supplies 30-6- day rental (and purchase if effective) to lumbar and cervical spine is determined to not be medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. According to the available documentation, there is no evidence that the injured worker is being prescribed opioid medications. The request for urine toxicology screen is determined to not be medically necessary.