

Case Number:	CM15-0097989		
Date Assigned:	05/29/2015	Date of Injury:	07/26/2001
Decision Date:	09/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/20/2015

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 59-year-old female who sustained an industrial injury on 07/26/2001. The injured worker was diagnosed with chronic cervicgia, cervical degenerative disc disease, bilateral carpal tunnel syndrome, cubital tunnel syndrome, lumbar radiculopathy and adjustment reaction with depression and anxiety secondary to chronic pain. Treatment to date includes diagnostic testing, physical therapy, pool therapy, home exercise program and medications. According to the primary treating physician's progress report on March 24, 2015, the injured worker reports that her neck, lower back and bilateral wrist pain have increased since the last office visit. The injured worker rates her pain level at 8/10 and frequently to 9/10. According to this report, the injured worker is not taking medications as prescribe. The injured worker is approved for 5 years of medicinal marijuana, however refuses to pay for it and has not used it for over a month though she finds it is most helpful. Examination of the cervical spine demonstrated decreased sensation on the left C7-C8 and reduced strength of the left upper extremity with diminished reflexes. Left wrist noted positive Phalen's and negative Tinel's sign. Current medications are listed as Neurontin and icy hot cream. Treatment plan consists of current exercise program with stretching, medications and the current request for magnetic resonance imaging (MRI) of the brain, Electromyography (EMG) of the bilateral upper extremities, cervical spine magnetic resonance imaging (MRI), psychologist evaluation, Cognitive Behavioral Therapy (CBT) for 6 sessions, Occupational therapy once a week for 6 weeks for bilateral wrists, and home aid for activities of daily living assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the brain: 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, 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) Head (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that indications for magnetic resonance imaging of the brain are: 1) To determine neurological deficits not explained by CT, 2) To evaluate prolonged interval of disturbed consciousness, and 3) To define evidence of acute changes super-imposed on previous trauma or disease. The patient's symptoms do not meet the requisites set by the ODG regarding MRI of the brain. Magnetic resonance imaging (MRI) of the brain is not medically necessary.

Electromyogram (EMG) of the bilateral upper extremity: 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), Neck, upper back.

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

Decision rationale: Recommended (needle, not surface) as an option in selected cases. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Electromyogram (EMG) of the bilateral upper extremity is not medically necessary.

Magnetic resonance imaging (MRI) without contrast of the cervical spine: 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), Chronic neck pain, Indications for imaging-MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. Magnetic resonance imaging (MRI) without contrast of the cervical spine is not medically necessary.

Home aid, for assistance with ADLs (activities of daily living): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Home Health Services.

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or “intermittent” basis. 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 medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary. Home aid, for assistance with ADLs (activities of daily living) is not medically necessary.

Psychologist evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for rehabilitation that is more effective. I am reversing the previous utilization review decision. The patient qualifies for a psychological evaluation under the guidelines of the MTUS. Psychologist evaluation is medically necessary.

Occupational therapy, 1 time per week for 6 weeks for the bilateral wrist: 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 Page(s): 98-99.

Decision rationale: The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. Occupational therapy, 1 time per week for 6 weeks for the bilateral wrist is not medically necessary.

Cognitive behavioral therapy (CBT), 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

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

Decision rationale: The Official Disability Guidelines allow for an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for 6 cognitive behavioral therapy visits is in accordance with the MTUS as appropriate to establish whether the treatment is effective. I am reversing the previous utilization review decision. Cognitive behavioral therapy (CBT), 6 sessions is medically necessary.