

Case Number:	CM13-0013781		
Date Assigned:	09/26/2013	Date of Injury:	08/10/2000
Decision Date:	08/14/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who has submitted a claim for cervical sprain with myelopathy status post fusion, post-operative dysphagia, spinal myelopathy with lower extremity weakness, left upper extremity radiculopathy, left shoulder sprain, thoracic sprain, lumbar sprain, lumbar degenerative disc disease, right finger fracture, and somatoform disorder associated with an industrial injury date of 08/10/2000. The medical records from 2012 to 2013 were reviewed. The patient complained of neck and low back pain graded 2/10 - 8/10 in severity, associated with incontinence and numbness of bilateral lower extremities. The physical examination of the cervical spine showed tenderness and painful range of motion. Reflexes were normal. Treatment to date has included cervical fusion at C4-C5, C5-C6, and C6-C7 on 05/22/2009, cervical epidural steroid injection, psychotherapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP OFFICE VISIT ON 10/08/13: 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 Section.

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

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the documented rationale was for a follow-up visit with a neurosurgeon for consultation of lumbar spine x-ray results. However, the official imaging result was not made available for review. The medical necessity cannot be established due to insufficient information. Moreover, the present request as submitted failed to identify the specialization of physician. The progress report from the date of service being requested was also not available for review. Therefore, the retrospective request for follow-up office visit on 10/08/13 was not medically necessary.

PHYSICAL THERAPY, ONCE (1) A WEEK FOR EIGHT (8) WEEKS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient previously underwent a course of physical therapy. However, the patient's response to treatment was not discussed. Given the duration of injury, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The request also failed to specify body part to be treated. Therefore, the request for Physical Therapy, once (1) a week for eight (8) weeks is not medically necessary.

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient is being referred to pain management for possible thoracic epidural steroid injection. However, the patient was already seen by a pain management specialist, who performed C7-T1 ESI last July 2013. It is unclear why a second opinion is necessary at this time. Therefore, the request for pain management consultation is not medically necessary.

6 ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 to 6 treatments, frequency of 1 to 3 times per week, and duration of 1 to 2 months. It may be extended if functional improvement is documented. In this case, patient has persistence of neck pain despite epidural steroid injection, physical therapy, and intake of medications. Acupuncture is a reasonable option at this time. However, the request failed to specify body part to be treated. The request is incomplete; therefore, the request for six (6) acupuncture sessions is not medically necessary.