MAXIMUS Federal Services

Case Number:	CM13-0022828		
Date Assigned:	11/15/2013	Date of Injury:	08/01/1986
Decision Date:	02/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 reported a date of injury of 8/1/86. A utilization review determination dated 8/30/13 recommends non-certification of localized intense neurostimulation therapy, physical therapy, acupuncture, and an occupational medicine evaluation. A progress report dated 8/12/13 identifies interval history including, "Patient completed short course of physical therapy has completed eight sessions starting in May and ending in June. The patient has also completed a course of acupuncture, which has provided benefit. Since the passage of time and the fact that there was functional improvement with the physical therapy, he requested that the patient continue with the course of physical therapy to include conditioning two times a week for four weeks with [redacted], RPT. The patient states that six weeks ago in therapy while lifting weights for her back she injured her right elbow. She advised the physical therapist, [redacted] and she was evaluated and treated. She was also advised to start acupuncture, which had provided some temporary relief. After my consultation and examination today, it was felt that the patient suffered lateral epicondylitis of the right elbow due to straining the arm while lifting weights. I have requested the patient to be evaluated by [redacted] as her injury was during the course of her treatment for her back so should be covered by workers comp insurance." Subjective complaints include, "low back pain, constant sharp and stabbing pain that has been progressing over the last two months. Any prolonged sitting causes pain over her tailbone. She complains of numbness and to her right lower extremity to her feet. Right elbow pain especially over the lateral epicondyle and extending into her forearm and up into her upper arm." Objective examination findings identify, "Paravertebral muscle spasm positive right and left. SLR right positive at 30 and left positive at 60. Sensory evaluation of the lower extremities decreased over the right anterior and posterior leg." Diagnoses state, " Lumbar spine herniated nucleus pulposus with radiculopathy; right elbow lateral epicondylitis." Treatment plan recommends, Requesting

authorization for physical therapy two times a week for three weeks and change the initial report to say two times a week for three weeks, physical therapy with [redacted] for the lumbar spine and the right elbow to include conditioning; acupuncture one time a week for three weeks; occupational medicine evaluation for injections and treatment with [redacted]; LINT treatment for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

localized intense neurostimulation therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for localized intense neurostimulation therapy, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Additionally, no documentation was provided identifying that this treatment provides improved outcomes as compared to other treatment options that are evidence-based and supported, and there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested localized intense neurostimulation therapy is not medically necessary.

physical therapy 2 x 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no clear documentation of specific objective functional improvement with the previous sessions of physical therapy and remaining functional deficits that cannot be addressed within the context of an independent home exercise program, yet expected to improve with formal supervised therapy. In the absence of such documentation, the currently requested physical therapy is not medically necessary.

acupuncture 1 x 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS supports an initial trial of up to 6 sessions, with additional sessions recommended when there is functional improvement, defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." Within the documentation available for review, there is documentation of "benefit" from acupuncture, but no documentation of functional improvement as defined by the California MTUS. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

occupational medicine evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127.

Decision rationale: Regarding the request for occupational medicine evaluation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is noted that the requesting provider is a chiropractor and is recommending the evaluation "for injections and treatment." While consideration for treatment outside of the scope of practice of a chiropractor (such as with injections and medication) is appropriate, the records indicate that the patient has been seen multiple times by pain management and there is no clear rationale for additional evaluation by occupational medicine or how this would benefit the patient's care. In light of the above issues, the currently requested occupational medicine evaluation is not medically necessary.