

Case Number:	CM15-0125710		
Date Assigned:	07/10/2015	Date of Injury:	04/06/2010
Decision Date:	10/06/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 4/06/2010, while employed as a housekeeper. The Qualified Medical Evaluation (QME) Internal Medicine report (10/23/2014) noted three filed dates of injury for various alleged injuries to multiple body parts. The injured worker was diagnosed as having cervical spine disc rupture, thoracic spine strain, lumbar disc bulge, status post left shoulder surgery (9/2012), bilateral elbow strain, right and left carpal tunnel syndrome, left hip pain, bilateral knee strain, right ankle internal derangement, right ankle plantar fasciitis, and left ankle strain. Treatment to date has included diagnostics, cervical and lumbar epidural injections 4/2014, pain management, unspecified physical therapy, unspecified acupuncture to date (recent 2/2015-4/2015), and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of pain in her neck, upper and lower back, left shoulder/arm, bilateral elbows and forearms, bilateral wrists/hands, left hip/thigh/knee/leg/ankle, and right knee/leg/ankle. Ongoing loss of bowel and bladder control was also noted. Physical exam noted tenderness to the right ankle and left shoulder. Sensation was intact. She was not working. The QME report (10/2014) noted evidence of generalized gastritis and symptoms consistent with gastroesophageal reflux disease. The requested treatments included cervical epidural steroid injection at C6-C7, transforaminal epidural steroid block at the right lumbar spine, physical therapy and acupuncture (2x6) for the back, wrists, knees, and left shoulder, follow-up visit with internal medicine, foot specialist consultation for the ankle, and hand specialist consultation for the bilateral elbows and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for a cervical epidural steroid injection (ESI) at the C6-C7 level. ESI is recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. There is documentation of findings of neural foraminal stenosis at the requested levels and failure of conservative treatment. However, despite nonspecific subjective and objective findings, there is no specific nerve root distribution documenting subjective or objective radicular findings. Given the lack of radicular findings, the medical necessity of the ESI cannot be established. The request is not medically necessary.

Transforaminal epidural steroid block at the right side: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for transforaminal ESI of the right lumbar spine. In this case, there was no documentation of a failure of conservative treatment. There is no documentation of specific levels in the lumbar spine to be addressed, therefore the request cannot be approved. In addition, there is no documentation of nerve root compromise, spinal stenosis or neural foraminal stenosis on MRI establishing a radiculopathy. There are no physical findings documented consistent with radiculopathy. Therefore, the request for TFESI is not medically necessary or appropriate.

Physical therapy two (2) times a week for six (6) weeks for the back, wrists, knees and left shoulder (12 sessions): 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 Chapter, Shoulder Low Back Chapter, Forearm, Wrist & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, and Low Back Complaints 2004, Section(s): Physical Methods, and Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: This request is for physical therapy (PT) treatments twice weekly for 6 weeks for the back, wrists, knees and one shoulder. There is no documentation of previous PT treatments, so it cannot be determined if the patient has exceeded guidelines with the number of visits. There is no rationale provided as to why any residual deficits cannot be treated with a home exercise program. There is also no documentation submitted addressing objective improvement with previous PT. Therefore, the request is not medically necessary due to the lack of information provided.

Acupuncture two (2) times a week for six (6) weeks for the back, wrists, knees and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS Guidelines supports an initial trial of up to 6 Acupuncture treatments in qualified patients. Evidence-based guidelines necessitate documentation of objective improvement with previous treatment, functional deficits, and functional goals to support additional Acupuncture treatment. Evidence-based guidelines also do not support multiple modalities being performed concurrently. In this case, there is no documentation of the previous number of Acupuncture treatments to determine if guidelines have been exceeded. In any case, the current request for 12 sessions exceeds guidelines. There is also no documentation of improvement with previous treatment. Evidence also does not support concurrent modalities, as is the case in this instance. Therefore, the request for Acupuncture (2x6) is not medically necessary or appropriate.

Follow-up with internal medicine: 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), Office Visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: ACOEM Guidelines, chapter 7, page 127, supports office visits as determined to be medically necessary. In this case, the plan is to follow-up with internal medicine for "abdomen and chest." This plan does not state any clinical conditions, but rather anatomical regions of the body. A clinical condition must be documented in order to necessitate a follow-up visit, whose purpose is to monitor the patient's progress and make any necessary modifications to the treatment plan. Therefore, without additional information regarding the clinical conditions, the request is not medically necessary or appropriate.

Foot specialist consultation for the ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: ACOEM Guidelines, Chapter 7, pg 127, supports specialty consultations when indicated to aid in diagnosis, prognosis, therapeutic management, determination of medical stability and determination of residual loss and/or claimant's fitness to return to work. In this case, there is no rationale identified for the medical necessity of a consult with a foot specialist to address an ankle problem. There is also no documentation that diagnostic and therapeutic management options have been exhausted within the treating physician's scope of practice. Therefore, the request is not medically necessary or appropriate.

Hand specialist consultation for bilateral elbows and wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: ACOEM Guidelines, Chapter 7, pg 127, supports specialty consultations when indicated as an aid in diagnosis, prognosis, therapeutic management, determination of medical stability and permanent /residual loss and/or examinee's fitness for return to work. In this case, there is no documentation submitted supporting a rationale identifying the medical necessity of a hand specialist consultation. There is also no documentation that diagnostic and therapeutic management has exhausted all options within the treating physicians' scope of practice. Therefore, the request is not medically necessary or appropriate.