

Case Number:	CM13-0014316		
Date Assigned:	06/06/2014	Date of Injury:	06/08/2009
Decision Date:	07/14/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 24-year-old male who sustained an injury to his low back on 06/08/09. The mechanism of injury was not documented. The clinical note dated 08/20/13 reported the injured worker has developed psychosocial issues due to his slow recovery and is in need of cognitive behavioral therapy to improve himself from his issues of low self-esteem and chronic depression with inability to substantially perform his activities of daily living. Physical examination noted wrist Dorsiflexion 70, flexion 20; tenderness along the wrists is noted; cervical spine range of motion 45 flexion, 50 extension, 25 tilting; tenderness along the facets to the right of midline with facet loading somewhat positive; grade five strength noted in the bilateral upper extremities, but there is tenderness along the wrists noted, especially on the right side; lumbar spine has absent reflexes; tenderness along the lumbosacral area with grade five strength; inability to squat fully; flexion 60 and extension 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NERVE STUDY OF THE LOWER EXTREMITY (BETWEEN 7/17/13 AND 9/7/13):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: The request for one nerve study of the lower extremity (between 7/17/13 and 9/7/13) is not medically necessary. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Current, evidence-based studies have demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly electrodiagnostic study (EMG/NCS). Given the clinical documentation submitted for review, medical necessity of the request for one nerve study of the lower extremity (between 7/17/13 and 9/7/13) has not been established.

1 TENS UNIT (BETWEEN 7/17/13 AND 9/7/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for one TENS unit (between 7/17/13 and 9/7/13) is not medically necessary. The CA MTUS states while Transcutaneous Electrical Nerve Stimulation (TENS) may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for one TENS unit (between 7/17/13 and 9/7/13) has not been established.

1 BACK BRACE (BETWEEN 7/17/13 AND 9/7/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar supports.

Decision rationale: The request for one back brace (between 7/17/13 and 9/7/13) is not medically necessary. The ODG states that lumbar supports are not recommended for prevention

of low back pain. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Current, evidence-based studies on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Given the clinical documentation submitted for review, medical necessity of the request for one back brace (between 7/17/13 and 9/7/13) has not been established.

1 SOFT AND RIGID BRACE (BETWEEN 7/17/13 AND 9/7/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265, 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar supports.

Decision rationale: The request for one soft and rigid brace (between 7/17/13 and 9/7/13) is not medically necessary. The ODG states that lumbar supports are not recommended for prevention of low back pain. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Current, evidence-based studies on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Given the clinical documentation submitted for review, medical necessity of the request for one soft and rigid brace (between 7/17/13 and 9/7/13) has not been established.

1 CARPAL TUNNEL BRACE (BETWEEN 7/17/13 AND 9/7/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265, 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome chapter, Splinting.

Decision rationale: The request for one carpal tunnel brace (between 7/17/13 and 9/7/13) is not medically necessary. Two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel syndrome (CTS) release may be largely detrimental, especially compared to a home physical therapy program. Given the clinical documentation submitted for review, medical necessity of the request for one carpal tunnel brace (between 7/17/13 and 9/7/13) has not been established under the Official Disability Guidelines (ODG).

PRESCRIPTION OF PRILOSEC 20MG, #60 (BETWEEN 7/17/13 AND 9/7/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitor.

Decision rationale: The request for Prilosec 20 mg #60 is not supported as medically necessary under the Official Disability Guidelines (ODG). The submitted clinical records indicate the injured worker has chronically been maintained on oral medications. There is no indication of the medication induced gastritis. As such, there would be no indication for the use of this medication.

1 PRESCRIPTION OF TEROGIN CREAM, TWO BOTTLES FOR A TOTAL OF 240ML (BETWEEN 7/17/13 AND 9/7/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

Decision rationale: The claimant is a 24 year-old male with myofascial pain and behavioral issues. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The record does not provide any substantive data which establishes the efficacy of this topical analgesic. As such the medical necessity is not established.

1 FOLLOW-UP WITH PSYCHIATRIST (BETWEEN 7/17/13 AND 9/7/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, Office visits.

Decision rationale: The request for one follow-up with psychiatrist (between 7/17/13 and 9/7/13) is not medically necessary. The ODG states the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based

on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Given the clinical documentation submitted for review, medical necessity of the request for one follow-up with psychiatrist (between 7/17/13 and 9/7/13) has not been established.