

Case Number:	CM13-0033349		
Date Assigned:	12/06/2013	Date of Injury:	02/20/2008
Decision Date:	04/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Chiropractic, 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 patient is a 58-year-old male who reported an injury on 02/20/2008. The mechanism of injury was stated to be the patient was carrying and moving a 21 inch computer cathode ray tube when he stopped abruptly while trying to avoid colliding with another individual and immediately had an onset of pain in the lower back and neck radiating to the arms and left leg. The patient was noted to have neck and back pain stiffness and weakness. The patient was noted to have painful range of motion; however, the examination was handwritten and difficult to read. The patient's diagnoses were noted to include fibromyalgia, cervical IVD syndrome, cervical radiculitis, lumbar IVD syndrome, lumbar radiculitis, stress, anxiety, and obstructive sleep apnea. The request was made for an EMG/NCV, pain management consult, energy shockwave therapy (ESWT), psych consult, Functional Capacity Evaluation, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic four times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted for review failed to indicate the body part the treatment would be for. Additionally, there was lack of documentation indicating necessity for 4 times a week for 6 weeks as it is indicated that treatment beyond 4 to 6 visits should be documented with objective improvement in function. Additionally, the employee was noted to be injured in 2008. There was lack of documentation indicating the employee's prior treatments. Given the above and the lack of documentation of a body part and exceptional factors, the request for chiropractic 4 times a week for 6 weeks is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty chapter, FCE.

Decision rationale: The ACOEM Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a worker's abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate the employee had prior unsuccessful attempts to return to work. There was a lack of documentation indicating the rationale for the requested service. Given the above, the request for a Functional Capacity Evaluation is not medically necessary.

Psych consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The MTUS guidelines indicate that it is recommended to consider a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review failed to provide the employee had signs or symptoms of depression, anxiety, or irritability as there was lack of documentation of symptomatology to support depression, anxiety, or irritability. Given the above, the request for a psych consult is not medically necessary.

Energy shockwave therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request as submitted was for energy shockwave therapy. The request according to the physician was noted to be for ESWT. There was a lack of clarification and there was a lack of documentation of body part, application of guidelines for California MTUS, ACOEM, and Official Disability Guidelines cannot be applied. Given the above, the request for energy shockwave therapy is not medically necessary.

Pain Management consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The MTUS guidelines recommend the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review failed to indicate the employee had been on doses of opioids. There was lack of documentation of the employee's medications to support the necessity for a pain management consult. Given the above, the request for a pain management consult is not medically necessary.

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM guidelines indicate that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic

dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide a thorough objective physical examination with dermatomal and myotomal findings to support the need for electromyography. Additionally, there is lack of documentation indicating the body part being requested for the EMG. Given the above, the request for EMG is not medically necessary.

NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM guidelines indicate that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide a thorough objective physical examination with dermatomal and myotomal findings to support the need for electromyography. Additionally, there is lack of documentation indicating the body part being requested for the NCV. Given the above, the request for NCV is not medically necessary.