

Case Number:	CM13-0035396		
Date Assigned:	03/03/2014	Date of Injury:	10/17/2011
Decision Date:	12/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 20 year old male who was injured on 10/17/2011. He sustained injuries to his upper back, lower back, left side of his body, left hip, and he also developed symptoms of depression and anxiety. The patient was labeling boxes, when a cherry picker struck him and launched him into the air. PR-2 dated 08/15/2013 indicates the patient complains of pain which he rates at 7/10 and frequent low back pain rated at 6/10. He complains of frequent left hip pain shooting down to bilateral leg with numbness and tingling of both toes. MRI of the lumbar spine is positive for annular tear at L5-S1 and disc desiccation at L5-S1. Diagnoses are lumbar spine intervertebral disc (IVD) syndrome and radiculopathy; thoracic spine strain; left hip lateral derangement; and stress. Treatment and plan includes MRI of the left hip, pain management of the lumbar spine, heating pad, chiropractic treatment once a week for 6 weeks, and acupuncture once a week for 6 weeks. The patient is instructed to continue chiropractic care and acupuncture care. Acupuncture treatment soap notes dated 07/15/2013 reports the patient presents with thoracic and lumbar pain. The results are unknown from this treatment provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment once a week for six weeks to the thoracic spine, lumbar spine, and left hip: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. If return to work achieved, the guidelines support in case of flare ups/exacerbation, 1-2 sessions. The medical records do not establish chiropractic care provided to date has led to any objective functional improvement. Consequently, additional care of this nature is not deemed appropriate or medically necessary.

Acupuncture once a week for six weeks to the thoracic spine, lumbar spine and left hip:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state 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. Initial 3-6 sessions may be recommended for these purposes. The medical records indicate the patient's prior treatment has included acupuncture treatment. The medical records do not demonstrate the patient obtained notable objective functional improvement with decrease in medication use or improved function, as a result of prior acupuncture treatment. Therefore, this request is not medically necessary.

MRI of the Left Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, MRI (magnetic resonance imaging)

Decision rationale: The California MTUS is silent regarding the request. According to the Official Disability Guidelines, the MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. The medical records do not document any abnormal findings or clinically significant deficits involving the hip. Based on the paucity of supportive documentation, medical records do not establish this patient is an appropriate candidate for left hip MRI. Therefore, this request is not medically necessary.

Extracorporeal shockwave therapy (ESWT) to the thoracic spine, lumbar spine, and left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The California MTUS and Official Disability Guidelines do not provide any recommendations regarding shockwave therapy to the spine or hip. There is no clinical evidence to support the application of ESWT. According to the guidelines, ESWT may be recommended for calcifying tendinitis. The request for ESWT is not supported by the medical records and is not recommended under the guidelines. The medical necessity of ESWT to the cervical, lumbar and hip is not established. Therefore, this request is not medically necessary.

Heating Pad for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Heat therapy

Decision rationale: The California MTUS ACOEM guidelines recommend self-application of heat or cold in the initial stages. The Official Disability Guidelines recommends continuous low-level heat wrap therapy is superior to both Acetaminophen and Ibuprofen for treating low back pain. The patient is more than 2-1/2 years post-date of injury. It is reasonable that the patient would already have access to a standard heating pad. Therefore, this request is not medically necessary.

Pain Management for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31.

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 503

Decision rationale: According to the ACOEM guidelines, a specialty referral may be indicated if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a

particular cause of delayed recovery(such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records do not establish such is the case of this patient. There is no indication of significant pain or loss of function, unresponsive to treatment measures, or other extenuating circumstances as to warrant pain management referral. The most recent medical records are several months old. There is insufficient documentation of clinically significant findings on examination and imaging/diagnostic studies did not reveal any significant findings. The medical records do not establish the patient is a candidate for any interventional pain procedures. Therefore, this request is not medically necessary.

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9, 297.

Decision rationale: According to the California MTUS/ACOEM guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is more than 2 1/2 years status post his industrial injury date. At this juncture, the use of devices such as lumbar brace should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to cause weakness and atrophy of the paraspinal musculature. Therefore, this request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: According to the ACOEM guidelines, the criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In the case of this patient, none of these criteria apply. According to the medical records provided examination on 8/13/2013 documented normal motor, reflex and sensation of the bilateral lower extremities. Apparently, a prior lumbar spine MRI was obtained in 2011, which revealed L5-S1 minimal disc desiccation and 1-2 mm disc bulge. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, neurocompression, and recurrent disc herniation). The medical records do not establish a repeat lumbar MRI is indicated. There is no evidence of significant change in symptoms or findings. Therefore, this request is not medically necessary.

PF-NCS Studies of the thoracic spine, lumbar spine and lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies (NCS)

Decision rationale: The California MTUS/ACOEM guidelines do not specifically discuss the request. According to the Official Disability Guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, the patient's examination revealed normal motor strength, sensation, and reflexes throughout the bilateral lower extremities. Therefore, this request is not medically necessary.

Initial Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations, FCE, page 511 and Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: According to the medical records, the patient's work status has remained as TTD (temporary total disability). The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or establish the patient has injuries that require detailed exploration of his abilities. In addition, the guidelines state an FCE is not recommended for generic assessments in which the question is whether the person can perform a type of job. It does not appear the patient is considered at/near MMI at this time. Consequently, in accordance with the guidelines, this request is not medically necessary.

10 Psychologist Referrals for Stress and Anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: According to the MTUS guidelines, a psychological evaluation may be recommended based upon a clinical impression of psychological condition that impacts recovery,

participation in rehabilitation, or prior to specified interventions. The references state specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. The medical records do not reveal detailed documentation of psych-related subjective complaints with corroborating clinical findings and observations as to support medical necessity for psychological evaluation. Therefore, this request is not medically necessary.