

Case Number:	CM13-0045264		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2012
Decision Date:	04/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/01/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 52 year-old female who was injured on 11/20/12. She has been diagnosed with cervical intervertebral disc disease (IVD) syndrome and radiculopathy; lumbar IVD syndrome and radiculopathy; and stress. A request was made for VsNCT and LINT; cervical MRI; lumbar MRI; 12 Functional Capacity Exams; 6 acupuncture sessions; and a TENS/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAGE ACUTED SENSORY NERVE CONDUCTION - NEURO DIAGNOSTIC MEDICAL/LEGAL REPORT/ VSNCT, LINT: Upheld

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

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

Decision rationale: The patient presents with neck and back pain with radiation. The Official Disability Guidelines specifically state VsNCT is not recommended. The Guidelines also state that LINT is not recommended. The requests are not in accordance with the applicable Guidelines. Therefore, the requested services are not medically necessary or appropriate.

MRI OF THE C/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with neck and back pain with radiation. There are no specific areas of nerve compromise documented on physical exam. The California MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for a cervical MRI without unequivocal findings of specific nerve compromise is not in accordance with the guidelines. Therefore, the requested MRI is not medically necessary at this time.

LUMBAR SPINE MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient presents with neck and back pain with radiation. There are no specific areas of nerve compromise documented on physical exam. The California MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for a lumbar MRI without unequivocal findings of specific nerve compromise is not in accordance with the guidelines. Therefore, the requested MRI is not medically necessary at this time.

FUNCTIONAL CAPACITY EVALUATION TWICE A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, pages 137-138.

Decision rationale: The patient presents with neck and back pain with radiation. The guidelines state that Functional capacity evaluations (FCEs) may establish the physical abilities of an

employee, and also facilitate the examinee/employer relationship for return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. The guidelines do not support of FCEs. Therefore, the requested services are not medically necessary or appropriate.

ACUPUNCTURE ONCE A WEEK FOR SIX WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: The patient presents with neck and back pain with radiation. The Acupuncture Medical Treatment Guidelines state that if acupuncture is beneficial, there should be some functional improvement within 3-6 sessions. The guidelines state that if there is documentation of functional improvement, that the visits can be extended. The initial request for 6 acupuncture sessions is in accordance with the guidelines. Therefore, the requested acupuncture is medically necessary and appropriate.

TENS/EMS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The patient presents with neck and back pain with radiation. The Chronic Pain Medical Treatment Guidelines criteria for a TENS unit include that there is an adequate response documented from a one-month trial of TENS. In this case, the available records do not indicate that the patient has had a trial of TENS. The request for a TENS unit without a successful 30-day trial of TENS, is not in accordance with the guidelines. Therefore, the requested TENS/EMS unit is not medically necessary at this time.