

Case Number:	CM14-0004535		
Date Assigned:	02/05/2014	Date of Injury:	07/19/2012
Decision Date:	07/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational 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:

Patient is a 57-year-old male who has submitted a claim for hypertension, diabetes, lumbar facet syndrome, post-traumatic headaches, and right lower extremity radiculopathy associated with an industrial injury date of July 19, 2012. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain, graded 7/10 in severity, aggravated by lifting, standing, sitting, bending, and coughing. Pain was described as sharp, stabbing, and shooting radiating toward the right lower extremity associated with numbness. Patient had loss of consciousness after he slipped to the floor during the industrial injury date. He stated that he was temporarily deaf for one to two minutes. After his accident, he started to be forgetful. He likewise developed severe headache, graded 8/10, described as pounding sensation. Current symptoms include lightheadedness, blurring of vision and dizziness. Patient also complained of symptoms of depression and anxiety. Range of motion of the cervical spine and lumbar spine was restricted with painful arc. Reflexes and cerebellar tests were normal. Objective findings of the lumbar spine included tenderness, trigger points, and positive Kemp's test. Sacroiliac evaluation revealed positive Hibb's and Yeoman's bilaterally. Motor strength was graded 4/5 at the foot flexors and extensors. Romberg's test was positive. Sensation was diminished at the right C8, and left L1-S1 dermatomes. Gait was antalgic. A quantitative functional capacity evaluation was performed on 12/5/13. The goal of work conditioning is to increase his capacity in the following areas: cardiovascular, endurance, strength, range of motion, and proprioception. Progress report from 10/17/13 revealed that patient has been on full duty status. Treatment to date has included physical therapy, and intake of medications. Utilization review from January 3, 2014 denied the requests for electrical muscle stimulation two times a week for 3 weeks because there were no intervention trials suggesting benefit from NMES for chronic pain; MRI of the brain because of no change in symptoms; MRI of the lumbar spine because there were no new injuries;

myofascial release two times a week for 3 weeks because of lack of information from previous therapy sessions; and functional restoration twice weekly for 3 weeks because of incomplete workup. The request for psychological comprehensive consult, CMT 3 to 4 areas two to 3 times a week was modified into psychological consultation because follow up sessions cannot be justified until after an initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL MUSCLE STIMULATION, 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulator Page(s): 45.

Decision rationale: According to page 45 of the California MTUS Chronic Pain Medical Treatment Guidelines state that electrotherapy has a variety of units, such as, transcutaneous electrical nerve stimulation / TENS, electroceutical therapy, galvanic stimulation, neuromuscular electrical stimulation, H-wave stimulation, interferential current stimulation, etc. These have different recommendations depending per type of unit. In this case, patient has been complaining of chronic back pain despite physical therapy since 2012. Use of electrical stimulation therapy may be a reasonable option; however, the present request is not specific to a single unit of electric therapy. In addition, the request failed to specify the body part to be treated. The request is incomplete; therefore, the request for electrical muscle stimulation, 2 times a week for 3 weeks is not medically necessary.

MRI OF THE BRAIN: Overturned

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 ODG. Head chapter, MRI.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, brain MRIs are recommended to determine neurological deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous trauma or disease. In this case, patient had an episode of loss of consciousness after he slipped to the floor during the industrial injury date. He stated that he was temporarily deaf for one to two minutes. After his accident, he started to be forgetful. Cranial MRI, dated 9/21/2012, was unremarkable. However, he persistently developed severe headache, graded 8/10, described as pounding sensation. Current symptoms include lightheadedness, blurring of vision and

dizziness. A repeat MRI is reasonable at this time due to progressive worsening of symptoms. Therefore, the request for MRI of the brain is medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, brain MRIs are recommended to determine neurological deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous trauma or disease. In this case, patient had an episode of loss of consciousness after he slipped to the floor during the industrial injury date. He stated that he was temporarily deaf for one to two minutes. After his accident, he started to be forgetful. Cranial MRI, dated 9/21/2012, was unremarkable. However, he persistently developed severe headache, graded 8/10, described as pounding sensation. Current symptoms include lightheadedness, blurring of vision and dizziness. A repeat MRI is reasonable at this time due to progressive worsening of symptoms. Therefore, the request for MRI of the brain is medically necessary.

MYOFASCIAL RELEASE, 2 TIMES A WEEK FOR 3 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: According to page 60 of the California MTUS Chronic Pain Medical Treatment Guidelines states that massage therapy is recommended as an option and as an adjunct to other recommended treatment such as exercise, and should be limited to no more than 4-6 visits. In this case, patient has persistent low back pain despite physical therapy. Massage therapy may be a reasonable option, however, medical records failed to provide evidence that patient is on a home exercise program at present. Exercise should be in conjunction with massage therapy. Moreover, the request failed to specify the body part to be treated. The request is incomplete; therefore, the request for myofascial release, 2 times a week for 3 weeks is not medically necessary.

PSYCHOLOGICAL COMPREHENSIVE CONSULT, CMT 3-4 AREAS, 2-3 TIMES A WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, pg.127.

Decision rationale: As stated on page 127 of the California ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of symptoms of depression and anxiety since the industrial injury date. Patient likewise experienced symptoms of headache, blurring of vision, and dizziness. Persistence of low back pain despite conservative care worsened his symptoms of depression. However, there is no documented rationale concerning the request for a comprehensive psychological evaluation and CMT when an initial psychological consult can suffice at this point. Utilization review from January 3, 2014 had certified the request for psychological consultation, however, it is unclear if the patient had been to the specialist due to lack of documentation. Therefore, the request for psychological comprehensive consult, CMT 3-4 areas, 2-3 times a week is not medically necessary.

PSYCHOLOGICAL CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM. Chapter 7, Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: As stated on page 127 of the California ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of symptoms of depression and anxiety since the industrial injury date. Patient likewise experienced severe headaches, blurring of vision, and dizziness. Persistence of low back pain despite conservative care worsened his symptoms of depression. Referral to a specialist may be necessary for further evaluation and management. However, utilization review from January 3, 2014 had certified this request. Therefore, the request for psychological consultation is not medically necessary.

INITIAL FUNCTIONAL RESTORATION, 2 TMIES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; (previous methods of treating chronic pain have been unsuccessful, patient has a significant loss of ability to function independently, patient is not a candidate for surgery, patient exhibits motivation to change, and negative predictors of success have been addressed, etc. In this case, patient has persistent low back pain despite conservative management. A quantitative functional capacity evaluation was performed on 12/5/13 stating that goals of work conditioning should include the following areas: cardiovascular, endurance, strength, range of motion, and proprioception. However, progress report from 10/17/13 revealed that patient had been on full duty status; hence, patient can function independently. Furthermore, there is no evidence that negative predictors of success in FRP have been addressed. Guideline criteria were not met. Therefore, the request for initial functional restoration, 2 times a week for 3 weeks is not medically necessary.