

Case Number:	CM14-0007290		
Date Assigned:	04/07/2014	Date of Injury:	08/24/2012
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 8/24/12 after he was removing a refrigerator with a dolly, which caused severe pain of the lumbar spine, cervical spine, and abdomen. The injured worker's treatment history included physical therapy, epidural steroid injections, and medications. The injured worker was evaluated on 12/17/13. It was documented that the injured worker had ongoing cervical spine, lumbar spine, and abdominal pain complaints complicated by stress and nervousness. Physical findings included +3 spasm and tenderness to the bilateral paraspinal musculature with a positive axial compression test for neurological compromise bilaterally, a positive distraction test bilaterally, decreased sensation in the left triceps reflex, and decreased sensation in the right triceps reflex. Evaluation of the lumbar spine documented 3+ spasm and tenderness of the bilateral paraspinal musculature from the L3 to the S1 with a positive Kemp's test bilaterally, a positive straight leg raising test bilaterally, and a positive Yeoman's test bilaterally. It was also documented that the injured worker had decreased right Achilles reflex. The injured worker's diagnoses included lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, and after care of an inguinal hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WORK CONDITIONING, WORK HARDENING, 125

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends the use of a Functional Capacity Evaluation prior to entrance into a work-hardening program. However, the clinical documentation submitted for review does not support that the injured worker is an appropriate candidate for a work-hardening program. As such, the request is not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER 8, 177-179

Decision rationale: The ACOEM guidelines recommend electrodiagnostic studies for radicular findings upon examination, but do not clearly identify or correlate a dermatomal or myotomal distribution of nerve root pathology. The clinical documentation submitted for review does indicate that injured worker has clear evidence of radiculopathy. Therefore, the need for electrodiagnostic studies would not be supported. The request is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 8, 177-179

Decision rationale: The ACOEM guidelines recommend electrodiagnostic studies for radicular findings upon examination, but do not clearly identify or correlate a dermatomal or myotomal distribution of nerve root pathology. The clinical documentation submitted for review does indicate that injured worker has clear evidence of radiculopathy. Therefore, the need for electrodiagnostic studies would not be supported. The request is not medically necessary.

WORK HARDENING PROGRAM FOR THE LUMBAR/CERVICAL SPINE, X10:

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WORK CONDITIONING, WORK HARDENING, 125

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend work-hardening programs for appropriately identified candidates who have reached a plateau in physical therapy, who are not surgical candidates, and who have documentation of a specific job to return to with job demands that exceed current abilities. The clinical documentation submitted for review does not provide any evidence that the injured worker has a job opportunity that exceeds their functional demand level. There is no documentation that the injured worker has plateaued with physical therapy. There is no documentation that the injured worker is not a surgical candidate. As such, the request is not medically necessary.