

Case Number:	CM14-0105332		
Date Assigned:	07/30/2014	Date of Injury:	01/14/2014
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 35-year-old female who reported injuries secondary to a motor vehicle accident on 01/14/2014. On 06/10/2014, her diagnoses included lumbar spine discopathy and right sacroiliac joint arthropathy. Her complaints included moderate to severe low back pain with radiating symptoms to the right lateral thigh, anterior thigh and gluteus muscle with associated numbness and tingling that traveled to her knees. She also presented with tenderness to the right sacroiliac joint along with 3 positive sacroiliac joint orthopedic tests. The recommendations included a lumbar transforaminal epidural steroid injection, possible right sacroiliac joint injection if her radicular symptoms improved but the low back remained, and continuation of her physical therapy and chiropractic manipulation. There was no discussion of symptoms to her upper extremities included in this documentation. A home exercise program was recommended. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine, seven views.: 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: ACOEM Guidelines suggest that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The clinical information submitted failed to meet the evidence based guidelines for lumbar x-rays. Therefore, the request is not medically necessary.

Electromyogram study of the right upper extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: ACOEM Guidelines recommend that routine use of EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. This injured worker did not have any diagnoses involving the upper extremities. There was no clinical documentation submitted of any symptomology in her upper extremities. The need for an EMG of the right upper extremity was not clearly demonstrated in the submitted documentation. As such, the request is not medically necessary.

Physical therapy for the lower back.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The documentation submitted revealed that this injured worker had completed 12 sessions of physical therapy and a home exercise program had been recommended to her. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. This request did not specify a number of visits over a particular period of time. Since this injured worker had already completed 12 physical therapy visits, any further request for physical therapy would exceed the recommendations in the guidelines. Therefore, the request is not medically necessary.

Continue visits at [REDACTED] office.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative, evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. There was no indication in the submitted documentation that this injured worker's primary care physician was not providing her with adequate treatment. The clinical information submitted failed to meet the evidence based guidelines for referrals. Therefore, the request is not medically necessary.