

Case Number:	CM14-0110803		
Date Assigned:	08/01/2014	Date of Injury:	12/21/2013
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/15/2014

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 Illinois. 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 44-year-old male who reported an injury on 12/21/2013 after working on a sink. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history has included multiple medications and physical therapy. The injured worker was evaluated on 05/14/2014. It was noted that the injured worker had low back pain complaints rated at a 6/10 to 8/10. Physical findings included tenderness to palpation of the lumbosacral spine with restricted range of motion described as 45 degrees in flexion, 15 degrees in extension and 25 degrees in right and left bending. The injured worker's diagnoses included lumbosacral sprain/strain. A request was made for acupuncture, an MRI, a back brace, electrodiagnostic studies, a Functional Capacity Evaluation and a heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x per week for 6 weeks (18 sessions total): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 3 times a week for 6 weeks, for a total of 18 visits, is not medically necessary or appropriate. California Medical Treatment Utilization

Schedule (MTUS) recommends an initial trial of treatment equal to 6 visits to establish the efficacy of treatment. The clinical documentation submitted for review does not indicate that the injured worker has received any type of acupuncture treatment previously. Therefore, a trial would be indicated in this clinical situation. The request, however, exceeds the recommended number of visits for a trial. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request, as it is submitted, does not clearly identify an applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested acupuncture 3 times a week for 6 weeks for 18 visits total is not medically necessary or appropriate.

Range of Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 05/12/2014.

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

Decision rationale: The California MTUS does not specifically address this type of request. The Official Disability Guidelines do not support the use of flexibility testing beyond what can be provided during a traditional examination. Furthermore, the request, as it is submitted, is vague and does not clearly identify an applicable body part. As such, the requested range of motion is not medically necessary or appropriate.

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 02/13/2014 (EMG's - electromyography).

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

Decision rationale: The requested EMG/NCV for the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine (ACOEM) recommends electrodiagnostic studies in the presence of non-focal evidence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker already underwent an MRI that would specifically identify any nerve root pathology. Therefore, the need for an additional electrodiagnostic study is not clearly justified. Furthermore, the request, as it is submitted, indicates that the injured worker has a positive straight leg raising test with radicular pain complaints. The American College of Occupational and Environmental Medicine does not support the use of electrodiagnostic studies for clinically evident radiculopathy. As such, the requested EMG/NCV in the bilateral lower extremities is not medically necessary or appropriate.

A Urine Toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 04/10/2014 (Urine Drug Testing (UDT)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested urine toxicology test is not medically necessary or appropriate. The California MTUS recommends urine drug screens for injured workers who have signs and symptoms of illicit drug use or who are on chronic opioid therapy. The clinical documentation does not indicate that the injured worker is on chronic opioid therapy. Additionally, there is no indication of withdrawal or overuse of medications that would require a urine drug screen. As such, the requested urine toxicology test is not medically necessary or appropriate.

A Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 03/31/2014 (Lumbar supports), Indications and Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The requested back brace is not medically necessary or appropriate. ACOEM does not recommend the use of a back brace for chronic or acute pain. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested back brace is not medically necessary or appropriate.