

Case Number:	CM14-0113268		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2014
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation and is licensed to practice in California & Washington. 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 25-year-old male who reported an injury on 03/04/2014. The documentation indicated the injured worker had 6 sessions of physical therapy and had been certified for 6 sessions of chiropractic therapy. The surgical history nor the diagnostic studies were provided. The documentation of 05/14/2014 revealed the mechanism of injury was the injury was lifting boxes and stacking them onto a pallet. The documentation indicated the injured worker developed sleeping problems due to severe pain in his low back. The injured worker's current complaints were noted to be constant severe pain in the lumbar spine, and occasional slight pain in the cervical spine. The injured worker was noted to have difficulty sleeping due to pain. The injured worker had complaints of frequent moderate pain in the thoracic spine. The documentation indicated the filled out an Epworth Sleepiness Scale and scored 5 of 24. A score of 8 and above is a positive score and may indicate the need for further study. The injured worker was noted to have +3 spasm and tenderness in the bilateral paraspinal muscles from C3 to C7 with bilateral suboccipital muscles and bilateral upper shoulder muscles. The injured worker had painful range of motion with extension and bilateral bending in the cervical spine. The distraction test was positive bilaterally as was the shoulder depression test. The cervical myotomes and dermatomes were within normal limits bilaterally. The thoracic spine revealed +3 spasm and tenderness to the bilateral paraspinal muscles from T8 through T12. There were +3 spasms and tenderness to the bilateral lumbar paraspinal muscles from L5-S1 and multifidus. The injured worker had painful range of motion of the lumbar spine. The Kemp's test was positive bilaterally as was the Yeoman's test. The straight leg raise test was positive on the right as was the Braggard's test. The bilateral Achilles reflexes were decreased. The lumbar myotomes and dermatomes were equal bilaterally and within normal limits. The diagnoses included lumbar disc displacement with myelopathy, sciatica, thoracic and cervical sprain/strain, and sleep

disorder. The treatment plan included a program of physical medicine for 6 visits with continuation dependent upon functional improvement, including electrical muscle stimulation to the cervical spine and lumbar spine, infrared therapy, chiropractic manipulative therapy, massage and therapeutic activities as well as Tylenol #3 and ibuprofen 800 mg, as well as multi-interferential stimulator with 1 month rental to decrease pain and muscle spasms, a sleep study to evaluate abnormal sleeping patterns that resulted from injuries, and a lumbosacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine x6 to the cervical, thoracic and lumbar spine. (Electrical Muscle Stimulation, Infrared, Chiropractic Manipulative therapy, Massage, therapeutic activities.): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual Therapy, Neuromuscular electrical stimulation (NMES devices), Massage therapy, does not address infrared Page(s): 98, 99, 58, 59, 121, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Infrared Therapy.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker had attended 6 physical medicine sessions. There was a lack of documentation of objective functional deficits to support the necessity for additional therapy. Additionally, in regards to electrical muscle stimulation, the ACOEM Guidelines do not recommend neuromuscular electrical stimulation. The California MTUS Guidelines indicate that manual therapy is appropriate for an initial trial of 6 sessions and with objective functional improvement, a total of up to 18 visits may be appropriate. There was a lack of documentation indicating the quantity of sessions that have been previously attended as 6 had been approved. The guidelines additionally indicate that massage therapy should be limited to 4 to 6 visits in most cases. There was a lack of documentation indicating whether the injured worker had previously participated in massage therapy. Therapeutic activities are recommended. The California MTUS/ACOEM Guidelines do not address infrared therapy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that infrared therapy is not recommended over other heat therapies. Given the above, the request for physical medicine times 6 to the cervical, thoracic and lumbar spine (electrical muscle stimulation, infrared, chiropractic manipulative therapy, massage, therapeutic activities) is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, Pain Chapter, Polysomnography.

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

Decision rationale: The Official Disability Guidelines indicate that polysomnography is recommended after at least 6 months of an insomnia complaint, which is at least 4 nights a week, that is unresponsive to behavioral intervention and when sedative/sleep-promoting medications and psychiatric etiology have been excluded. The clinical documentation submitted for review indicated the injured worker underwent an Epworth Sleepiness Scale and scored a 5 out of 24. The physician documented that additional testing is not necessary unless the injured worker has a score of 8 or higher. The clinical documentation submitted for review failed to meet the criteria for a polysomnogram per the Official Disability Guidelines. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a sleep study is not medically necessary.

Lumbar Support Orthosis, specifically Apolio LSO of Equivalent.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for lumbar support orthosis, specifically Apolio LSO of equivalent, is not medically necessary.

Multi Interferential Stimulator rental x1 month.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as a stand-alone treatment. There was a lack of documentation supporting the necessity for further physical medicine. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a multi-interferential stimulator unit rental times 1 month is not medically necessary.

Follow-up office visit.: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that the need for a clinical office visit with a healthcare provider is individualized based upon the review of the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment. There was a lack of documented rationale for a necessity for a followup visit. The request as submitted failed to indicate the quantity of office visits being requested. Given the above, the request for a followup office visit is not medically necessary.