

Case Number:	CM14-0137859		
Date Assigned:	10/03/2014	Date of Injury:	03/03/2014
Decision Date:	11/05/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency Medicine; Fellowship trained in Emergency Medical Services and is licensed to practice in Texas. 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 28-year-old male who reported an injury on 03/03/2014. The mechanism of injury was due to continuous trauma. The injured worker has diagnoses of cephalgia, cervical spine disc protrusion, lumbar spine disc protrusion, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, bilateral hand sprain/strain, bilateral ankle sprain/strain, and insomnia. Past medical treatment consists of chiropractic therapy, acupuncture therapy, E-stim/infrared therapy, and medication therapy. It was noted in the submitted documentation that the injured worker has undergone NCVs of the lower and upper extremities, neurological consults, computerized range of motion, and functional capacity evaluations. On 07/28/2014, the injured worker complained of right shoulder pain. Physical examination of the shoulder revealed that the injured worker had an internal rotation of 39 degrees, external rotation of 37 degrees, flexion of 128 degrees, extension of 40 degrees, adduction of 23 degrees, and abduction of 104 degrees. There were no sensory deficits documented for review, nor were there any motor strengths documented for review. The medical treatment plan is for the injured worker to undergo additional NCVs of the lower and upper extremities, x-rays of the lumbar and cervical spine, MRI of the cervical and lumbar spine, additional acupuncture and chiropractic therapy, a computerized range of motion review, diathermy, electro muscular stimulation, massage therapy, and ultrasound. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology consult: 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)

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

Decision rationale: The request for toxicology consult is not medically necessary. The California MTUS Guidelines recommend a urine drug screen test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. Furthermore, there was no indication that the injured worker was taking any opioid medication. Additionally, the provider did not submit a rationale to warrant the request. It is unclear as to how the provider feels a toxicology consult would be beneficial to the injured worker. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Psych consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The request for a Psych consult is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, along with evidence of objective functional improvement, a total of 6 to 10 sessions over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate significant deficits which would require therapy as well as establish a baseline to which assess improvements during therapy. There was no indication in the submitted documentation that the injured worker's pain was not being managed. Additionally, the provider failed to provide a rationale to warrant the psych consultation, and how a consultation would be beneficial to the injured worker's goal. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Neurological consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 6, page 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The request for a neurological consult is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The submitted documentation dated 07/28/2014 lacked any indication that the injured worker's condition was not stable. There was also no documentation identifying why a neurological consult would be required for the injured worker. Additionally, the provider failed to submit a rationale to warrant the request for a neurological consult. As such, the request is not medically necessary.

NCV of the lower extremities: 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)

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, NCV of the lower extremities

Decision rationale: The request for NCV of the lower extremities is not medically necessary. The Official Disability Guidelines state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. It was also noted in the submitted documentation that the injured worker had undergone an NCV on 03/21/2014. It is unclear as to why the provider would be requesting an additional NCV of the lower extremities. Additionally, there was no rationale submitted for review to warrant the request. There was also no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. Furthermore, there was no indication of failure of conservative care treatment to include physical therapy or medication management. Given the above, the injured worker is not within Official Disability Guidelines criteria. As such, the request is not medically necessary.

NCV of the upper extremities: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Nerve Conduction Studies (NCS)

Decision rationale: The request for NCV of the upper extremities is not medically necessary. The Official Disability Guidelines state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have

symptoms on the basis of radiculopathy. There was a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. It was also noted in the submitted documentation that the injured worker had undergone an NCV on 03/21/2014. It is unclear as to why the provider would be requesting an additional NCV of the upper extremities. Additionally, there was no rationale submitted for review to warrant the request. There was also no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. Furthermore, there was no indication of failure of conservative care treatment to include physical therapy or medication management. Given the above, the injured worker is not within Official Disability Guidelines criteria. As such, the request is not medically necessary.

X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for x-rays of the lumbar spine is not medically necessary. The MTUS/ACOEM Guidelines state 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; however, it may be appropriate when the physician believes it would aid in a patient's management. The request for x-rays of the lumbar spine does not meet the MTUS Guideline criteria. There was no red flag condition documented or submitted in the report, and there was no rationale as to how the results of the x-ray would be used to direct future care of the injured worker. Additionally, the documentation lacked any pertinent evidence that would indicate serious spinal pathology. It is unclear the rationale as to why the provider would be requesting x-rays. Given the above, the request for x-rays of the lumbar spine is not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for x-rays of the cervical spine is not medically necessary. The MTUS/ACOEM Guidelines state that cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The submitted documentation did not indicate that the injured worker had acute trauma associated with midline vertebral spine. There was also no indication of head injury or drug or alcohol intoxication. The provider also failed to submit a rationale as to how an x-ray would help with the continuation of care of the injured worker.

Given the above, the injured worker does not meet ACOEM criteria. As such, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. ACOEM Guidelines for MRI state that if there is physiological evidence indicating tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause for MRI of neural or other soft tissue. The guidelines also stipulate that there should be documentation of failure to progress in a strengthening program intended to avoid surgery, physiologic evidence of tissue insult or neurologic dysfunction, and clarification of the anatomy prior to the invasive procedure. The guidelines stipulate that there should be physiological evidence indicating tissue insult or nerve impairment to consider an MRI. The submitted reports lacked any evidence of the above. There was also no report submitted indicating that the injured worker was progressing in any other strengthening programs or that they were ineffective. Furthermore, the submitted request was not specific as to what level, as in C1-7 of the cervical spine, was to be imaged on the MRI. Given the above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who did not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause MRI for neural or other soft tissue. Given the above, the injured worker is not within the

ACOEM Guidelines. The injured worker's report did not reveal that the injured worker had complaints that radiated to the lower extremities. Additionally, there was also no indication of straight leg testing or sensory deficits. There was also indication in the submitted report that the injured worker was undergoing chiropractic and acupuncture therapy, but the report lacked any indication of the injured worker's progress with conservative treatment. Given the above, the injured worker is not within the guideline recommendations. As such, the request is not medically necessary.

Acupuncture, 10 visits, 2x5: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional acupuncture is not medically necessary. Acupuncture is based as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as followed: (1) Time to produce functional improvement is usually 3 to 6 treatments; (2) Frequency of 1 to 3 times per week; and (3) Optimum duration of 1 to 2 months. The submitted documentation indicated that the injured worker had previous sessions of acupuncture, but failed to include whether the acupuncture was beneficial or not to the injured worker. Additionally, there was no indication as to how many completed acupuncture sessions the injured worker had to date. The request as submitted is for an additional 10 visits, exceeding the recommended guidelines. As such, the request is not medically necessary.

Additional 5 chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Chiropractic Page(s): 58.

Decision rationale: The request for additional 5 chiropractic visits is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The submitted documentation did not indicate the outcome of the injured worker's previous sessions of chiropractic therapy. Additionally, the submitted documentation did not indicate how many completed sessions already of chiropractic therapy the injured worker has undergone to date.

The request as submitted is for an additional 5 chiropractic visits. The rationale for the request is unclear. Given the above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.

Computerized range of motion performed on 3/13/14, 4/18/14, 5/28/14 and 6/27/14: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Complaints, Flexibility (Computerized ROM)

Decision rationale: The request for computerized range of motion is not medically necessary. The Official Disability Guidelines do not recommend computerized range of motion as a primary criterion. The relation between back range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic back pain, and perhaps any current Impairment Guidelines of the American Medical Association. Given the above, the request is not indicated by the ODG. As such, the request is not medically necessary

Diathermy: 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)

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, Diathermy

Decision rationale: The request for diathermy is not medically necessary. The Official Disability Guidelines do not recommend diathermy. There is no proven efficacy in the treatment of acute low back symptoms. Diathermy is a type of heat treatment using either short wave or microwave energy. It has not been proven to be more efficacy than placebo diathermy or conventional heat therapy. Given the above, the request as submitted is not indicative to ODG criteria. As such, the request is not medically necessary.

Ultrasound performed on 3/13/14, 4/17/14 and 5/29/14: 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)

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

Decision rationale: The request for ultrasound that was performed 3/13/14, 4/17/14 and 5/29/14 is not medically necessary. The Official Disability Guidelines do not recommend therapeutic ultrasound or any other similar heat therapies. Therapeutic ultrasound is one of the several rehabilitation interventions used for the management of pain due to low back pain. One meta-analysis concludes that ultrasound therapy was not shown to have a clinical or proven effect on pain relief for patients, although these conclusions are limited by the poor reporting and low methodological quality of the trial included. One study on the use of a therapeutic ultrasound for osteoarthritis concluded that ultrasound therapy appears to have no benefit over placebo or short way of diathermy treatment for patients. Given the above, the use of therapeutic ultrasound is not recommended. As such, the request as submitted is not medically necessary.

Electrical muscle stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES and TENS Page(s): 114 - 116 and 121.

Decision rationale: The request for electro muscular stimulation is not medically necessary. The California MTUS Guidelines indicate that electro muscular stimulation is not recommended. EMS is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from EMS for chronic pain. A 1 month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The submitted documentation lacked any indication that the injured worker had undergone a 1 month trial of a TENS unit. Additionally, there was no indication that the injured worker had tried any appropriate pain modalities to include medication therapy. Given the lack of documentation and that the MTUS Guidelines do not recommend the use of EMS, the request is not medically necessary.