MAXIMUS Federal Services

Case Number:	CM14-0163763		
Date Assigned:	10/08/2014	Date of Injury:	05/22/2014
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 67 year old male patient who sustained a work related injury on 5/22/14 patient sustained the injury due to trip and fall incident. The current diagnoses include lumbar spine sprain/strain, right shoulder sprain/strain and bilateral knee sprain/strain. Per the doctor's note dated8/18/14, patient has complaints of low back, bilateral knee and right shoulder pain at 7-9/10. Physical examination revealed lumbar spine revealed tenderness to palpation over the L3 through SI spinous processes, ranges of motion: flexion of 30 degrees, extension of 10degrees, right flexion of 15 degrees, left flexion of 15 degrees, right rotation of 10 degrees and left rotation of35 degrees, able to heel-toe walk without pain. The right shoulder examination revealed full range of motion. The bilateral knee examination revealed tenderness to palpation in the medial joint line, right knee range of motion is 0 to 80 degrees and left knee range of motion is 0 to 70 degrees. The current medication lists include Advil, Naproxen, Flexeril, Omeprazole, Ultram and Aleve and antihypertensive and antidiabetic medications. The patient has had MRI of the lumbar spine on 8/28/14 that revealed degenerative disc disease, disc bulges and for this injury foraminal narrowing. The patient underwent surgery 30 years ago due to a gunshot. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 10/28/14) MRIs (magnetic resonance imaging)

Decision rationale: Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do 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. Indiscriminant imaging will result in false-positive findings, such as disk 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)."ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI of the lumbar spine on 8/28/14 that revealed degenerative disc disease, disc bulges and for this injury foraminal narrowingAny significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided.Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided.Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags.The details of PT or other types of therapy done since the date of injury were not specified in the records providedThe records submitted contain no accompanying current PT evaluation for this patient.A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided.A plan for an invasive procedure of the lumbar spine was not specified in the records providedIn addition it is noted in the records that the patient's pain was relieved with pain medications A recent lumbar spine X-ray report is not specified in the records provided.The medical necessity of the (repeat) MRI of the lumbar spine is not fully established for this patient.

PF-NCS and EMG/NCV of lumbar spine and upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks."Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out..... Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Detailed history and duration of signs /symptoms of the tingling and numbness was not specified in the records provided.There was no objective evidence of significant radicular signs or symptoms in the bilateral lower and upper extremities that are specified in the records provided.The medical records provided did not specify any evidence of upper and lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the lower extremities. The details of PT or other types of therapy done since the date of injury were not specified in the records providedThe records submitted contain no accompanying current PT evaluation for this patient.A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided.In addition it is noted in the records that the patient's pain was relieved with pain medicationsThe request for PF-NCS and EMG/NCV of lumbar spine and upper and lower extremities is not fully established for this patient.

Initial Functional Capacity Assessment: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty(updated 9/23/14) Functional capacity evaluation (FCE)

Decision rationale: MTUS guideline does not specifically address this issue. Hence ODG used.Per the ODG guidelines cited below "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as:- Prior unsuccessful RTW attempts.- Conflicting medical reporting on precautions and/or fitness for modified job.- Injuries that require detailed exploration of a worker's abilities.2. Timing is appropriate: - Close or at MMI/all key medical reports secured.- Additional/secondary conditions clarified. Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.- The worker has returned to work and an ergonomic assessment has not been arranged." Any criteria listed in the guidelines that would require a FCE was not specified in the records provided.Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed

exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.-"The details of PT or other types of therapy done since the date of injury were not specified in the records providedThe records submitted contain no accompanying current PT evaluation for this patient.Response to conservative therapy including PT was not specified in the records provided.The request for Initial Functional Capacity Assessment is not fully established for this patient.

Physical Therapy 2 x 6 for lumbar spine, right shoulder, bilateral knees: 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 therapy Page(s): 98.

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" The details of PT or other types of therapy done since the date of injury were not specified in the records providedPrevious conservative therapy notes were not specified in the records provided.The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria.The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The request for Physical Therapy 2 x 6 for lumbar spine, right shoulder, and bilateral knees is not fully established for this patient

Acupuncture 1 x 6, lumbar spine, right shoulder, bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below state that ""Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery."The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. The details of PT or other types of therapy done since the date of injury were not specified in the records providedResponse to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain

no accompanying current PT/acupuncture evaluation for this patient.Prior conservative therapy visit notes were not specified in the records provided.Any evidence of diminished effectiveness of medications was not specified in the records provided.The medical necessity, of Acupuncture 1 x 6, lumbar spine, right shoulder, and bilateral knees is not fully established.

TENS/EMS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness....Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)."According the cited guidelines, Criteria for the use of TENS is "- There is evidence that other appropriate pain modalities have been tried (including medication) and failed....- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted"Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided.The details of PT or other types of therapy done since the date of injury were not specified in the records providedDetailed response to previous conservative therapy was not specified in the records provided.In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The request for TENS/EMS Unit purchase is not fully established for this patient.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGChapter:Low Back (updated 10/28/14) Lumbar supports

Decision rationale: Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry."In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain..... Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)." The details of PT or other types of therapy done since the date of injury were not specified in the records providedResponse to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. The medical necessity, of Lumbar brace is not fully established.

Toxicology Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

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

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Whether the patient is taking any opioid medication or not is not specified in the records provided.Any history of substance abuse was not specified in the records provided. The request for Toxicology Testing is not fully established for this patient.