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| Case Number: | CM14-0177377 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 04/25/2014 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Occupational 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 42-year-old male with a 4/25/14 date of injury. The mechanism of injury occurred when he lifted sheets of metal, weighing forty pounds, and noticed the onset of sharp pain in his middle and lower back. According to a handwritten and largely illegible progress report dated 10/7/14, the patient complained of thoracic spine pain and lumbar spine pain rated as a 6/10. Objective findings: tenderness to bilateral thoracic and lumbar paraspinals with limited range of motion. Diagnostic impression: lumbar ligament and muscle strain and spasm, left L3-L4 radiculopathy of the lumbar spine. Treatment to date: medication management, activity modification, shockwave therapy, acupuncture, physical therapy, chiropractic treatment. A UR decision dated 10/6/14 denied the requests for Infrared, Massage, Myofascial release, Iontophoresis, Electro stimulation 2-3x4 weeks low back, FCE, neurosurgeon consultation, and orthopedic initial consultation. There is no evidence that the claimant is intent on using these passive modalities in conjunction with a program of functional restoration and/or attempt to return to some form of work. Regarding FCE, there is no indication that the claimant has a job to return to or how an FCE would influence or alter the treatment plan or facilitate the claimant's return to work. Regarding neurosurgeon consultation and orthopedic initial consultation, there is no evidence that the claimant has any kind of lesion amenable to surgical correction insofar as the lumbar spine is concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared, Massage, Myofascial release, Iontophoresis, Electro stimulation 2-3x4 weeks low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 300.

Decision rationale: Physical modalities such as massage, diathermy, laser, ultrasound, TENS, PENS, biofeedback, etc., have no proven efficacy in treating acute low back pain complaints. ACOEM qualifies its position by noting that these modalities may have some benefit if used in a conjunction with a program of functional restoration. However, in the present case, there is no documentation that the requested treatment would be used as an adjunct to a program of evidence-based functional restoration. In addition, there is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. A specific rationale identifying why these treatment modalities would be required in this patient, despite lack of guideline support was not provided. Therefore, the request for Infrared, Massage, Myofascial release, Iontophoresis, and Electro stimulation 2-3 x 4 weeks low back was not medically necessary.

FCE (Functional Capacity Evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations, page(s) 132-139 Official Disability Guidelines (ODG) Fitness For Duty Chapter - FCE

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (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, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, in the reports reviewed, there is no evidence of prior unsuccessful return-to-work attempts or noted complex issues regarding the patient's return to work. In addition, it is noted that the patient just had a functional capacity evaluation on 7/18/14. It is unclear why he would require another evaluation at this time. Therefore, the request for FCE (Functional Capacity Evaluation) was not medically necessary.

Neurosurgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, there is no documentation of objective signs of neural compromise or activity limitations due to pain to establish the medical necessity of a neurosurgeon consultation at this time. There is no documentation of failure of conservative treatment. A specific rationale as to why this patient requires a neurosurgeon consultation at this time was not provided. Therefore, the request for Neurosurgeon consultation was not medically necessary.

Orthopedic initial consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, there is no documentation that the patient has had a failure of any conservative treatment or developed any issues that would require a consultation with a specialist. A specific rationale as to why this patient requires an orthopedic consultation at this time was not provided. Therefore, the request for Orthopedic initial consultation was not medically necessary.