

Case Number:	CM14-0025576		
Date Assigned:	06/20/2014	Date of Injury:	05/28/2013
Decision Date:	07/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

The injured worker is a 43-year-old with a reported date of injury of 05/28/2013. The mechanism of injury reportedly occurred when the injured worker was utilizing a forklift. The injured worker presented with complaints of intermittent sharp pain in the low back, with pain radiating into upper part of the right buttocks. The injured worker reported no numbness or tingling. According to the clinical note dated 01/28/2014, the injured worker underwent an epidural steroid injection in 10/2013, which he stated was not helpful. Upon physical examination, the injured worker's thoracic spine range of motion revealed flexion to 73 degrees, extension to 18 degrees, right rotation to 44 degrees, and left lateral rotation to 45 degrees. The lumbar spine range of motion revealed flexion to 72 degrees, extension to 30 degrees, right rotation to 32 degrees, and left rotation to 33 degrees. Hip range of motion was normal throughout. Range of motion to the knees revealed bilateral flexion to 135 degrees. Range of motion of the ankles was normal bilaterally. In addition, the sensory examination throughout the thoracic and lumbar spine revealed 5/5. Deep tendon reflexes in the knees and ankles was 2+ and negative Waddell's sign. According to the clinical information, the injured worker underwent physical therapy, chiropractic care, and EMG/NCS studies which revealed normal electrodiagnostic results. The injured worker's diagnoses included chronic low back pain with 2 mm disc protrusion at L4-5, L5-S1, and complaints of depression, anxiety, and difficulty sleeping. The injured worker's medication regimen included effexor. The request for authorization for ultrasound 2 times a week for 4 weeks, electrical muscle stimulation (EMS) 2 times a week for 4 weeks, work conditioning 2 times a week for 4 weeks, needle electromyogram (EMG) for 2 extremities and related paraspinal areas, needle electromyogram (EMG) for 3 extremities and related paraspinal areas, h-relax amp and latency study, myofascial release w/c only, and certified massage therapy

(CMT) to 3 to 4 areas 2 times per week for 4 weeks was submitted on 02/27/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ultrasound 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ULTRASOUND, THERAPEUTIC Page(s): 123.

Decision rationale: The California MTUS guidelines state that therapeutic ultrasound is not recommended. Therapeutic ultrasound is one of the most wildly and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or range of musculoskeletal injuries for promoting soft tissue healing. The rationale for the request was not provided within the documentation available for review. In addition, the clinical information lacks documentation related to previous conservative treatments to include physical therapy, chiropractic care, previous injections, and the therapeutic effect of each of those. In addition, the request as submitted failed to provide the specific site at which the ultrasound was to be utilized. The guidelines do not recommend the use of therapeutic ultrasound. Therefore, the request for ultrasound 2 times per week times 4 weeks is not medically necessary.

Electric Muscle Stimulation (EMS) two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS Device).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114 & 121.

Decision rationale: The California MTUS guidelines state that transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The guidelines state that neuromuscular electrical stimulation devices are not recommended. Neuromuscular electrical stimulation is primarily used as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. NEMS unit devices are used to prevent or retard diffused atrophy, relax muscle spasms, increase blood circulation, maintain or increase range of motion, and re-educate muscles. There is a lack of documentation related to muscle spasms or the need to increase blood circulation. The rationale for the request was not provided within the

documentation available for review. In addition, the guidelines do not recommend the use of neuromuscular electrical stimulation. In addition, the request as submitted failed to provide the specific site at which the electrical muscle stimulation was to be utilized. Therefore, the request for electric muscle stimulation (EMS) 2 times a week for 4 weeks is not medically necessary.

Work conditioning, two times per week for four weeks: 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), Criteria for Admissions into a Work Hardening (WH) Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125.

Decision rationale: According to the California MTUS guidelines, work hardening is recommended as an option. Criteria for admission to a work hardening program would include the work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. The guidelines recommend documentation should include an adequate trial of physical or occupational therapy, with improvement followed by a plateau. In addition, documentation should include a defined return to work goal agreed to by the employer and employee. The clinical note dated 01/28/2014 indicated that the injured worker underwent previous physical therapy and chiropractic care, the results of which were not provided within the documentation provided for review. There was a lack of documentation related to the injured worker's job requirements, and the functional deficits related to performing the job duties required. There is a lack of documentation related to a defined return to work goal agreed to by the employee and employer. Therefore, the request for work conditioning 2 times per week for 4 weeks is not medically necessary.

Needle electromyogram (EMG) for 2 extremities and related paraspinal areas: Upheld

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

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

Decision rationale: The California MTUS /ACOEM guidelines state that criteria for ordering imaging studies would include an emergence of a red flag, psychological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of an anatomy prior to an invasive procedure. Electromyography, nerve conduction studies may help identify subtle neurological dysfunction in injured workers with neck or arm symptoms or both, lasting more than 3 to 4 weeks. According to the clinical documentation, the MRI dated 08/2013 showed minimal disc bulge but the actual films were not provided within the documentation available for review. There was no indication of impingement. In addition, the injured worker denies numbness or tingling. There was no

paraspinous muscular tenderness to palpation. The clinical information provided for review did not provide range of motion values or functional deficits for the upper extremity. Lower extremities were within normal limits. According to the clinical documentation, the sensory examination was within normal limits from T1-S1. There was a lack of documentation related to the decreased reflexes, decreased strength, or decreased sensation. In addition, the rationale for the request was not provided within the documentation available for review. The request as submitted failed to provide the specific extremities for which the electromyogram was to be utilized. Therefore, the request for needle electromyogram (EMG) for 2 extremities and related paraspinal areas is not medically necessary.

Needle electromyogram (EMG) for 3 extremities and related paraspinal areas: Upheld

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

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

Decision rationale: The California MTUS /ACOEM guidelines state that criteria for ordering imaging studies would include an emergence of a red flag, psychological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of an anatomy prior to an invasive procedure. Electromyography, nerve conduction studies may help identify subtle neurological dysfunction in injured workers with neck or arm symptoms or both, lasting more than 3 to 4 weeks. According to the clinical documentation, the MRI dated 08/2013 showed minimal disc bulge but the actual films were not provided within the documentation available for review. There was no indication of impingement. In addition, the injured worker denies numbness or tingling. There was no paraspinous muscular tenderness to palpation. The clinical information provided for review did not provide range of motion values or functional deficits for the upper extremity. Lower extremities were within normal limits. According to the clinical documentation, the sensory examination was within normal limits from T1-S1. There was a lack of documentation related to the decreased reflexes, decreased strength, or decreased sensation. In addition, the rationale for the request was not provided within the documentation available for review. The request as submitted failed to provide the specific extremities for which the electromyogram was to be utilized. Therefore, the request for needle electromyogram (EMG) for 3 extremities and related paraspinal areas is not medically necessary.

H-Relax AMP and Latency study: Upheld

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

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

Decision rationale: The California MTUS /ACOEM guidelines state that criteria for ordering imaging studies would include an emergence of a red flag, psychological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of an anatomy prior to an invasive procedure. Electromyography, nerve conduction studies including h-flex tests may help identify subtle neurological dysfunction in injured workers with neck or arm symptoms or both, lasting more than 3 to 4 weeks. According to the clinical documentation, the MRI dated 08/2013 showed minimal disc bulge but the actual films were not provided within the documentation available for review. There was no indication of impingement. In addition, the injured worker denies numbness or tingling. There was no paraspinous muscular tenderness to palpation. The clinical information provided for review did not provide range of motion values or functional deficits for the upper extremity. Lower extremities were within normal limits. According to the clinical documentation, the sensory examination was within normal limits from T1-S1. There was a lack of documentation related to the decreased reflexes, decreased strength, or decreased sensation. In addition, the rationale for the request was not provided within the documentation available for review. The request as submitted failed to provide the specific extremities for which the electromyogram was to be utilized. Therefore, the request for H-relax amp and latency study is not medically necessary.

Myofascial release W/C only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation chirocco.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

Decision rationale: According to the California MTUS guidelines, massage therapy is recommended as an option. This treatment should be in addition to other recommended treatments to include exercise, and should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The clinical documentation provided for review lacks documentation related to concurrent use of massage therapy with exercise or physical therapy. The documentation does not provide the rationale for the request for myofascial release. In addition, the request as submitted failed to provide the frequency and goals and specific sites at which the myofascial release was to be utilized. Therefore, the request for myofascial release W/C only is not medically necessary.

Certified Massage Therapy(CMT) to 3-4 areas, two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MASSAGE THERAPY Page(s): 60.

Decision rationale: According to the California MTUS guidelines, massage therapy is recommended as an option. This treatment should be in addition to other recommended treatments to include exercise, and should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The clinical documentation provided for review lacks documentation related to concurrent use of massage therapy with exercise or physical therapy. The documentation does not provide the rationale for the request for certified massage therapy. In addition, the request as submitted failed to provide the frequency and goals and specific sites at which the massage therapy was to be utilized. Therefore, the request for certified massage therapy (CMT) to 3 to 4 areas 2 times per week for 4 weeks is not medically necessary.