

Case Number:	CM14-0036437		
Date Assigned:	06/25/2014	Date of Injury:	01/04/2014
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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 Neurological Surgery 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 24 year old male who was reportedly injured on 1/4/2014. The mechanism of injury was noted as a repetitive injury after picking up heavy cases. The most recent progress notes dated 3/25/2014 and 4/25/2014 indicate that there are ongoing complaints of low back pain with radiation to the right lower extremity as well as left forearm pain. Physical examination demonstrated tender lumbar paraspinal muscles over the L4/5 facets bilaterally; positive lumbar facet loading maneuvers; lumbar range of motion: flexion 90, extension 10 limited by pain; normal lower extremity examination and range of motion of the hips, knees and ankles; sensory exam, motor exam and deep tendon reflexes are normal; straight leg raising negative. Examination of the left upper extremity demonstrated pain with flexion at 75. An MRI of the lumbar spine dated 5/20/2014 demonstrates mild disc bulges at L3/4 and L4/5 with mild left foraminal narrowing at L4/5; 3 mm central disc protrusion at L5/S1 that abuts the left S1 nerve root without impingement. Diagnosis: lumbar facet arthropathy and lumbar myofascial pain. Previous treatment includes back brace, physical therapy and medications to include: Fluoxetine, Norflex, Mobic and pain creams. A request had been made for Chiropractic Treatment #18; EMG of the lower extremities; Epworth Sleep Test; and Pain Medicine Consult which was not certified in the utilization review on 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Manipulation Official Disability Guidelines, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 58-59 of 127 Page(s): 58-59 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to 18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation of a trial of 6 chiropractic visits or evidence of functional improvement. As such, the request is not medically necessary and appropriate.

EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The ACOEM Guidelines support the use of electrodiagnostic studies where computed tomography (CT) or MRI is equivocal and there are ongoing and pain complaints that raise questions about whether there may be a neurological compromise. An MRI of the lumbar spine dated 5/20/2014 demonstrated 3 small disc protrusions and mild left-sided foraminal stenosis; however, the claimant's complaint is low back pain that radiates to the right lower extremity. In addition, neurological exam fails to demonstrate any neurological deficits or deterioration. As such, the request is not medically necessary and appropriate.

Epworth sleep test: 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, Polysomnography, Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Polysomnography (updated 7/10/14).

Decision rationale: The ODG support polysomnography for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder, and insomnia for 6 months that is unresponsive to behavioral intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. After review of the available medical records, the

claimant is being treated for a low back and forearm injury and does not meet the criteria for a sleep study. As such, the request is not medically necessary and appropriate.

Pain Medicine consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: The ACOEM Guidelines supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, the requested referral to assess and evaluate the chronic pain issue is considered medically necessary.