

Case Number:	CM14-0037675		
Date Assigned:	06/25/2014	Date of Injury:	02/01/2013
Decision Date:	11/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured cumulatively up to 2/1/2013. She was diagnosed with lumbar sprain/strain with radiculitis, cervical sprain/strain with radiculitis, thoracic strain/sprain, bilateral shoulder strain/sprain and impingement syndrome, and bilateral elbow and wrist strain/sprain. She was initially treated with pain medication, then one year later was evaluated by an orthopedic surgeon on 2/13/14, when she continued to experience pain, including headaches, neck pain, upper and mid back pain, bilateral shoulder pain, bilateral wrist/hand pain, bilateral knee pain, and bilateral ankle/foot pain. Physical examination revealed tenderness of the neck and upper back area with spasm and a positive cervical compression test, lumbar tenderness and spasm, positive straight leg raise, tenderness of bilateral shoulders and upper arms with a positive Neer's impingement test, tenderness to the dorsal aspect of the bilateral wrists with a positive Tinel's test bilaterally, tenderness of anterior aspect of bilateral hips, tenderness to the anterior aspect of bilateral knees and legs, tenderness of the anterior aspect of bilateral ankles, and decreased sensation to right knee, medial leg/foot, and right lateral thigh and anterolateral leg. She was then recommended an MRI of the lumbar spine, electromyography (EMG)/nerve conduction velocity (NCV) testing of the bilateral lower extremities, interferential (IF) unit, a hot/cold unit, physical therapy, and a referral to a rheumatologist to rule out fibromyalgia or other rheumatological disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive, it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, it is unknown what treatments besides "medications" she used. In other words, there isn't sufficient information that she had completed a complete conservative treatment regimen. Also, it is not clear if she had recently had imaging of the lumbar spine, as no information prior 2/13/14 was included in the documents for review. There was no evidence from the progress note that suggested any red flag diagnosis which might have warranted an MRI study. Therefore, the MRI is not medically necessary.

Electromyography (EMG) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was not any information prior to 2/13/14 submitted for review that might illuminate the review on whether or not she received a complete conservative treatment regimen before considering specialized testing. Therefore, the EMG and NCV testing both are not medically necessary.

Nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was not any information prior to 2/13/14 submitted for review that might illuminate the review on whether or not she received a complete conservative treatment regimen before considering specialized testing. Therefore, the EMG and NCV testing both are not medically necessary.

Physical therapy 2 times a week for 6 weeks for cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral forearms, and bilateral wrists: 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 Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that physical therapy is recommended for musculoskeletal injuries. Passive supervised therapy may be used initially to help provide short-term relief and instruction, but the longer-term strategy is to move towards unsupervised active therapy (home exercises) for best results in functional improvement. In the case of this worker, there was not sufficient information submitted to know whether or not the worker had already completed any physical therapy for her injuries in order to assess her need for supervised therapy. Therefore, without this documentation, the physical therapy is not medically necessary.

Rheumatology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

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), page 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or

work capacity requires clarification. In the case of this worker, the provider referred out after the first visit, which seems premature. Based on the subjective and objective evidence, there was not sufficient evidence to suggest a rheumatological disease contributing to her pain. Also, there are no documents prior to the request that discussed which specialists she may have already seen. Therefore, consultation of a rheumatologist is not medically necessary.

Interferential (IF) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current stimulation Page(s): 118-120.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria is met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, she was recommended the ICS along with physical therapy. However, it is unclear what other treatments she had tried as there were insufficient records provided before the request to know which other treatment methods had been tried. Therefore, without this documentation the ICS is not medically necessary.

Hot and Cold Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300.

Decision rationale: The MTUS ACOEM Guidelines state that hot and cold packs may be recommended for temporary relief of pain for the first few days following the acute injury, and that at-home local applications of heat or cold are as effective as those performed by therapists.

In the case of this worker, she was recommended a cold and heat unit for her to use. However, there is no evidence to suggest that she needed to use a particular device (which was also not specified) over more simple heat and cold therapy from other products or methods used at home. Therefore, the hot and cold unit is not medically necessary.