MAXIMUS Federal Services

Case Number:	CM14-0052929		
Date Assigned:	07/07/2014	Date of Injury:	02/20/2014
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 50-year-old female with a date of injury of 02/20/2014. The listed diagnoses per [redacted] are: Thoracic spine musculoligamentous sprain/strain; Lumbar spine musculoligamentous strain/sprain with bilateral lower extremity radiculitis; and Right hip strain/sprain. According to the progress report 03/14/2014 by [redacted], the patient presents with low back pain radiating to the right hip. The patient complains of an increase in low back pain with hammer like throbbing pain radiating to her right hip and lower extremities. The patient is unable to sit, walk, and lie down without pain and discomfort. On a visual analogue scale, she reported pain level of 10/10. Examination of the lumbar spine revealed tenderness to palpation over the right greater than left paravertebral musculature. Kemp's test and straight leg raise test are positive on the right. Active range of motion of the lumbar spine is decreased on all planes. The treating physician is requesting physical therapy to the lumbar spine quantity 12, physical therapy for the right hip quantity 12, home orthostim4 unit, retrospective request of radiographs of the lumbar spine, DOS 03/10/2014, and retrospective request of radiographs of the right hip DOS 03/10/2014. Utilization review denied the request on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: For physical medicine, the MTUS guidelines recommends for myalgia, myositis and neuritis type symptoms 9-10 sessions over 8 weeks. In this case, the treating physician request for initial 12 sessions exceeds what is recommended by MTUS. Therefore, the request for physical therapy lumbar spine quantity 12 is not medically necessary and appropriate.

Physical therapy right hip QTY: 12.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: For physical medicine, the MTUS guidelines recommends for myalgia, myositis and neuritis type symptoms 9-10 sessions over 8 weeks. In this case, the treating physician request for initial 12 sessions exceeds what is recommended by MTUS. Therefore, the request for physical therapy right hip quantity 12 is not medically necessary and appropriate.

Home OrthoStim4 QTY: 1 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The MTUS guidelines under NMES devices states, Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The OrthoStim is intended for patient following a stroke. In this case, this stimulation unit is not indicated as the patient has not suffered from a stroke. Therefore, the request for a Home OrthoStim4, 1 unit is not medically necessary and appropriate.

Retrospective request for radiographs right hip obtained in office on 03/10/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) X-rays, Lumbar spine, ODG guidelines.

Decision rationale: The Official Disability Guidelines (ODG) has the following under its hip/pelvis chapter, x-rays section, " Reccomended, Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis.: In this case, the patient has severe pain rated as 10/10. There is no indication the patient has had prior imaging for further investigation. Therefore, the retrospective request for radiographs right hip obtained in office on 03/10/14 is medically necessary and appropriate.

RETRO: Radiographs right hip obtained in office on 03/10/14 QTY:1.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Treatment Index, 9th Edition (web), Revised 11/12/10: Hip and Pelvis, x-ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following under its hip/pelvis chapter, x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis.

Decision rationale: The Official Disability Guidelines (ODG) has the following regarding radiograph x-rays; Not commended routine x-rays in the absence of red flags. Lumbar spine radiographs should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persistent for at least 6 weeks. In this case, the patient has severe pain rated as 10/10. There is no indication the patient has had prior imaging for further investigation. Therefore, the retrospective request for radiographs of the lumbar spine obtained in office on 03/10/14 is medically necessary and appropriate.