

<b>Case Number:</b>	CM14-0055369		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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:

Per the notes provided, the claimant was injured 1-25-14. The orthopedist noted on 3-20-14 that there was pain in the head, neck, back and shoulders, psychiatric complaints and sleeping problems. There was head and cervical spine tenderness, paraspinal spasm, decreased range of motion, positive compression tests, thoracic and lumbar tenderness, possible positive straight leg raise at 45 degrees, shoulder tenderness, decreased sensation in the right anterolateral shoulder, decreased motor strength in the lower extremities, and decreased sensation right anterolateral thigh/anterior knee/medial leg. ██████████ requested tramadol, a lumbar brace, an interferential unit, hot/cold unit, urine toxicology, MRI of the lumbar spine, EMG NCV of the bilateral upper extremities, bilateral lower extremities, a functional capacity evaluation, and physical therapy. The 2-19-13 medical report notes that the physical therapy was not helping. Also, x-rays of the cervical spine and shoulder were done on 1-25-14. For the lumbar, there was a pending MRI. Urine drug testing was certified. The PR2 notes neck and back pain. There is some numbness to the left upper extremity, with no radiating pain or weakness. As of 2-19-14 there is continued neck bilateral shoulder and back symptoms, including occasional radiating pain and numbness to the left lower extremity without any change. The PR 2 from 1-27-14 also noted a lumbar x-ray was already done, showing spondylolisthesis at L5-S1. The thoracic two views showed degenerative changes. The diagnoses were shoulder strain, lumbar strain, and thoracic strain. Numerous PR-2s were provided and reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Rays of the cervical spine.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177.

**Decision rationale:** The MTUS notes that the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of equivocal neurologic signs. In addition, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. The request is not medically necessary and appropriate.

**X-Rays of the lumbosacral spine: Upheld**

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

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

**Decision rationale:** As shared earlier, the MTUS notes that the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of equivocal neurologic signs. Further, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. The request is not medically necessary and appropriate.

**Electromyography (EMG) Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, or further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary and appropriate.

**Nerve conduction velocity (NCV) Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, or further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary and appropriate.

**Performance Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for duty chapter, functional capacity evaluation (FCE) Chapter Guidelines for performing FCE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Chronic Pain Guidelines Page(s): 48.

**Decision rationale:** Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The ODG notes that several criteria for an FCE must be met. This case has no prior successful return to work attempts, or the case was not near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request is not medically necessary and appropriate.

**Lumbrosacral brace.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The California MTUS, chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no evidence of objective benefit to the use of such braces; the request is not medically necessary and appropriate.

**Interferential 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 120 of 127.

**Decision rationale:** The MTUS notes regarding this interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. While a one month trial may be supported in select circumstances, an outright purchase of the device is not. The request is not medically necessary and appropriate.

**Hot / Cold unit:** 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 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. Therefore, elaborate equipment is not needed to administer heat and cold modalities; it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is not medically necessary and appropriate.

**Physical Therapy evaluation and treatment two times a week for six weeks, cervical/thoracic/lumbar spine and bilateral shoulders.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy visits over 16 weeks. This claimant does not have these conditions. It is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient, over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general and a patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for another therapy evaluation and more skilled, monitored therapy is not medically necessary and appropriate.