

Case Number:	CM14-0056455		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2011
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old female who reported an injury to her low back and shoulders on 03/23/11. The clinical note dated 01/21/14 indicates the injured worker being recommended for a short course of therapy as well as potential surgical procedures. The clinical note dated 01/20/14 indicates the injured worker having been authorized for 4 acupuncture sessions as well as 8 physical therapy sessions. The note does indicate the injured worker complaining of low back pain with radiating pain into both lower extremities. The injured worker also reported left shoulder pain as well as bilateral hand and wrist weakness. The clinical note dated 10/23/13 indicates the injured worker complaining of 6-8/10 pain on the visual analog scale at the shoulder, low back, and left hip. The note indicates the injured worker having completed 12 physical therapy sessions as well as an epidural steroid injection at the lumbar region to date. The note indicates the injured worker having positive Neer's and Hawkins' signs at the left shoulder. The utilization review dated 03/18/14 resulted in a denial for an interferential unit, work conditioning unit, and electrodiagnostic studies as well as a home exercise kit as insufficient information had been submitted regarding the injured worker's functional deficits likely to benefit from the requested procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning three times per week for four weeks, thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 131. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning.

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

Decision rationale: The documentation indicates the injured worker complaining of low back pain. No information was submitted regarding the injured worker's functional deficits associated with the thoracic region. Additionally, the request for a total of 12 work conditioning sessions exceeds the recommended 10 day course of treatment with a work conditioning program. Therefore, this request is not indicated as medically necessary.

EMG/NCV studies bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: The documentation indicates the injured worker complaining of low back pain. Electrodiagnostic studies are indicated for focal neurologic dysfunction in injured workers with low back symptoms. No information was submitted regarding the injured worker's significant neurologic deficits. Therefore, it is unclear if the injured worker would benefit from electrodiagnostic studies at this time. The request for EMG/NCV studies bilateral lower extremities is not medically necessary.

Home exercise kit for left shoulder and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER, HOME EXERCISE KITS.

Decision rationale: There is an indication the injured worker has previously undergone physical therapy. However, no therapy notes were submitted identifying the focus of the previously rendered treatment. Therefore, it is unclear if the injured worker has been properly educated with the use of a home exercise kit for the left shoulder and low back. Therefore, this request is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: An interferential unit is indicated for injured workers who are undergoing conservative treatments concurrently with the use of the interferential unit. No information was submitted regarding the injured worker's ongoing conservative treatments. Therefore, this request is not indicated as medically necessary.