MAXIMUS Federal Services

Case Number:	CM14-0057302		
Date Assigned:	07/09/2014	Date of Injury:	02/03/2014
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 North Carolina. 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 31 year-old with a reported date of injury of 02/03/2014, which occurred after lifting a wheel barrow full of dirt. The patient has the diagnoses of lumbosacral spine strain/sprain. Per the progress notes provided by the primary treating physician dated 03/10/2014, the patient had complaints of constant burning and stabbing pain in the low back with pain radiating to the posterior aspect of both legs and constant stabbing and burning pain in the bilateral legs associated with numbness. There are no bowel or bladder issues. Physical exam noted moderate pain to palpation on the lumbar paraspinal muscles with moderate spasm, positive straight leg raise on the right, restriction in range of motion, and decreased sensation in the L4-S1 dermatomes. Treatment recommendations included functional capacity evaluation, MRI of the lumbosacral spine, lower extremity EMG/NCV testing, acupuncture, chiropractic care and manipulation, medication and an interferential unit and home exercise kit for the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation. Initial.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures page(s) 48 Page(s): 48.

Decision rationale: The California chronic pain medical treatment guidelines section on functional improvement measures states:Functional improvement measuresRecommended. The importance of an assessment is to have a measure that can be usedrepeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories:Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking,driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.)Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits):Include objective measures of clinical exam findings. ROM should be in documented in degrees.Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007)For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. (Cowan, 2008)Functional improvement measures are a recommended part of the treatment of chronic pain and in this patient's detailed care plan has been objectively justified and thus should be certified.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: The ACOEM section on imaging in low back complaints states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgeryan option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overallfalse-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great.

While the patient does have documented evidence of decreased sensation in the L4-S1 dermatome, the patient has not failed treatment and is not considering surgery at the time of the request and thus the request is not medically necessary.

Electromyography (EMG) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM section on special studies in low back complaints states:Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms.The patient has documentation of decreased sensation in the L4-S1 dermatome. There is no documentation of subtle, focal neurologic dysfunction that would justify EMG. The patient has also not failed any conservative treatment attempts at time of request. Therefore this request is not medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints page(s) 303-304 Page(s): 303-304.

Decision rationale: The ACOEM section on special studies in low back complaints states:Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing patients with acute low back symptoms.The patient has documentation of decreased sensation in the L4-S1 dermatome. There is no documentation of subtle, focal neurologic dysfunction that would justify EMG. The patient has also not failed any conservative treatment attempts at time of request. Therefore this request is not medically necessary.

Acupuncture 2 x 6 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture page(s) 13 Page(s): 13.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states:See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. The referred to section states acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct ot physical rehabilitation and/or surgical intervention to hasten functional recovery. This patient has not had a reduction in medication or intolerance to medication. The acupuncture has also not been prescribed as an adjunct to other therapies described above. Therefore this request is not medically necessary.

Chiropractic Therapy 2 x 6 visits.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therpay and manipulation page(s) 58 Page(s): 58.

Decision rationale: The California chronic pain medical treatment guidelines section on chiropractic care states:Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The use of manual therapy and manipulation in the treatment of low back pain is recommended. The requested number of visits is within the guideline recommendations for the treatment of low back pain and thus this request is medically necessary.

Interferential Current Stimulation (ICS) 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 Page(s): 1181-20.

Decision rationale: The California chronic pain medical treatment guidelines sectionon transcutaneous electrotherapy states:Interferential Current Stimulation (ICS)Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return towork, exercise and medications, and limited evidence of improvement on thoserecommended treatments alone. The randomized trials that have evaluated theeffectiveness of this treatment have included studies for back pain, jaw pain, soft tissueshoulder pain, cervical neck pain and post-operative knee pain. While not

recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway:Possibly appropriate for the following conditions if it has documented and proven to beeffective as directed or applied by the physician or a provider licensed to provide physicalmedicine: Pain is ineffectively controlled due to diminished effectiveness of medications;or, Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The patient has failed documentation to meet the criteria as listed above for the use of an ICS unit and thus the request is not medically necessary.

Home Exercise Kit.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California chronic pain medical treatment guidelines section on exercise states:A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006) Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-qualitystudy presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burleson,2008) Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little,2008). There is no mention of a specific recommendation for a home exercise kit. In the absence of detail and objective documentation of why the kit would be necessary rather than home exercise taught by a therapist or medical provider, therefore this request is not medically necessary.