

Case Number:	CM14-0064463		
Date Assigned:	08/06/2014	Date of Injury:	11/02/2010
Decision Date:	09/23/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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:

The claimant injured his low back on 11/02/10 while lifting bottles. He was working as a storekeeper. An EMG/nerve conduction study of the lower extremities, consultation with a spine surgeon, consultation with an internist, physical performance functional capacity evaluation, lumbosacral brace, interferential unit, and hot/cold unit have been requested and are under review. He saw [REDACTED] on 02/02/14. He has been unable to work and had not seen a pain management specialist. He has seen a chiropractor since his injury. He was told he had a strain and lumbar radiculopathy. He was off work for about 2 weeks after his injury and returned to his regular duty since that time. He had a motor vehicle accident on or about 05/14/13 and complained of pain in the low back and right leg. He was also injured on 12/18/13 when he got up from a seated position and developed low back pain. He had required treatment due to a 9 mm extruded disc. He has complaints of ongoing back pain, right upper extremity pain, psychiatric issues and sleeping problems, diabetes, and weight gain. He has an antalgic gait favoring the right lower extremity, lumbar tenderness with spasms and positive straight leg raise on the right side at 45. He had right shoulder tenderness with decreased range of motion and a positive Neer test. He had right elbow tenderness anteriorly and laterally and a positive Cozen's test. There was right wrist tenderness at the dorsal aspect and decreased right shoulder strength which was mild. He had decreased deep tendon reflexes in the right upper extremity and absent knee and ankle reflexes on the left side. He had decreased motor strength in the lower extremities which was 3/5 on the right and 4/5 on the left. He had decreased sensation of the right anterolateral thigh, anterior knee, medial leg, lateral thigh, anterolateral leg, mid dorsal foot, posterior leg, and lateral foot. He was evaluated by [REDACTED] on 03/20/14. He was prescribed Norco and ibuprofen. A physical performance-FCE was requested to ensure that he could safely meet the physical demands of his occupation. On 03/27/14, he was seen again by

██████████. It is not clear why an internal medicine evaluation was recommended. ██████████
██████████ took him out of work until 04/21/14 but no specific reason is given.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, nerve conduction studies.

Decision rationale: The history and documentation do not objectively support the request for EMG/NCV of the lower extremities. The MTUS state "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 surgery an 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). 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." The ODG state "nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The claimant has findings on an MRI and ██████████ stated that he needed treatment for a disc herniation. He has already had an MRI and it is not clear how these studies are likely to change his course of treatment. There is no evidence of peripheral nerve dysfunction to support the request for NCV. Also, the claimant's history of evaluation and treatment to date is not entirely clear. Reportedly, he attended chiropractic since his injury but the dates, number of visits, and response to this type of conservative treatment are unknown. The medical necessity of this request has not been clearly demonstrated.

Consult with Spine Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Chapter 7; Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), chapter 7, Independent Medical Evaluations and Consultations, page 127.

Decision rationale: The history and documentation do not objectively support the request for a consultation with a spine surgeon. The MTUS chapter 7 states regarding consultations, "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." Chapter 12 states regarding surgical considerations "referral for surgical consultation is indicated for patients who have: -Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise -Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms -Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair -Failure of conservative treatment to resolve disabling radicular symptoms" The claimant's history of evaluation and treatment to date is not entirely clear. Reportedly, he attended chiropractic since his injury but the dates, number of visits, and response to this type of conservative treatment are unknown. It is not clear that he has completed or attempted and failed all other reasonable conservative care, including trials of local modalities, exercise, and medications or whether surgery is being considered or planned. The medical necessity of this request for a spine surgery consultation has not been clearly demonstrated.

Consult with Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Chapter 7; Page 127.

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), chapter 7, Independent Medical Evaluations and Consultations, page 127.

Decision rationale: The history and documentation do not objectively support the request for a consultation with an internist. The MTUS chapter 7 states regarding consultations, "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." The claimant reportedly has diabetes and sleep problems and has gained weight but the submitted documents do not provide specifics about these problems, including whether or not the claimant has been receiving treatment for diabetes, has a history of failed trials of sleep hygiene, or what his weight problem is. His weight (including a description of any increase in weight over time) and BMI are not noted in the records. The medical necessity of this request for a consultation with an internist has not been clearly demonstrated.

Physical Performance Functional Capacity Evaluations (FCE): 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), Fitness for Duty, Functional Capacity Evaluations.

Decision rationale: The history and documentation do not objectively support the request for a physical performance evaluation-FCE for the purpose of determining whether the claimant can safely do his job. He had reportedly returned to his job after his original injury and his history of evaluation and treatment are unclear. The MTUS do not address functional capacity evaluations and the ODG state "Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if: -The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)"The documentation does not provide information about return to work efforts other than to say that the claimant had returned to his regular job after his injury but was taken out of work recently. He had other injuries but the overall picture is unclear. There is no evidence of unsuccessful attempts to return him to his work, conflicting medical reports, or injuries that require detailed exploration of his abilities, despite his findings. It is not clear, either, whether he is close to MMI and has had his secondary conditions clarified or what his overall status is. The medical necessity of this request for a physical performance evaluation-FCE has not been clearly demonstrated.

Lumbosacral Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, lumbar supports.

Decision rationale: The history and documentation do not objectively support the request for a lumbosacral brace. The MTUS do not address lumbar braces for chronic pain and the ODG state lumbar supports are "not recommended for prevention. Recommended as an option for treatment. Prevention: There is strong and consistent evidence that lumbar supports were not

effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. (Kim, 2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). (McIntosh, 2011)." Lumbar supports are not recommended for prevention but may be indicated as specific treatment. In this case, there is no evidence of instability or recent or pending surgery. There is no history of compression fractures or any indication for specific treatment of spondylolisthesis, documented instability, or for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." The medical necessity of this request for a lumbar brace has not been clearly demonstrated.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114--121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL STIMULATION Page(s): 149.

Decision rationale: The history and documentation do not objectively support the request for an interferential stimulator unit. The MTUS state "interferential current stimulation (ICS) 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. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique."In this case, there is no clear evidence that the claimant has completed or has attempted and failed all other reasonable conservative care including local modalities and medications or that he is involved in an ongoing exercise program that he has been advised to continue in conjunction with this type of stimulation. His history of evaluation and treatment to date is unknown. The medical necessity of this request for an interferential stimulator unit has not been demonstrated.

Hot Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hot and cold therapy.

Decision rationale: The history and documentation do not objectively support the request for a hot cold unit. The MTUS do not address the use of hot cold units for chronic pain but the ODG recommend the use of hot and cold packs that may be prepared at home. ODG do not support the use of hot and cold devices as they have not been shown to be more beneficial than simple hot and cold packs. The medical necessity of this request for a hot cold unit has not been clearly demonstrated.

12 Sessions Physical Therapy Evaluation/Treatment to the Lumbar spine, Right Shoulder, Elbow, Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for 12 sessions of physical therapy with evaluation and treatment to the lumbar spine, right shoulder, elbow and wrist. However, 2 visits can be recommended for the purpose of treatment and home exercise instruction. The CA MTUS Chronic Pain Guidelines, p. 130 state physical medicine

treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the claimant attended a course of chiropractic treatment on unknown dates and for an unknown duration and it is not clear whether or not he has been instructed in home exercises. However, his conditions are chronic and there is no indication that he is unlikely to be able to complete active rehab with an independent home exercise program. The medical necessity of 12 visits has not been clearly demonstrated but 2 visits for the purpose of a short course of treatment and instruction in home exercises can be recommended as reasonable and appropriate.