MAXIMUS Federal Services

Case Number:	CM14-0064682		
Date Assigned:	07/11/2014	Date of Injury:	07/16/2012
Decision Date:	08/18/2014	UR Denial Date:	04/10/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/16/12. A utilization review determination dated 4/10/14 recommends non-certification of PT, orthopedic bed, EMS, SPF NCS of the lumbar spine, and EMG/NCS of the upper and lower extremities. Consultation with a chiropractor and MRI of the lumbar spine were certified. The 12/17/13 EMG/NCS of the lower extremities identified evidence of left active on chronic L5 and S1 polyradiculopathy. 2/19/14 medical report identifies a history of treatment including therapy. The patient complains of mid and low back pain. There is radiation to the right buttock and lower extremity. On exam, there was tenderness, limited ROM, positive SLR, and decreased sensation in the medial thigh, knee, lateral calf, and lateral foot (side[s] undocumented). Recommendations include continued PT, medication, lumbar support, chiropractic consultation, MRI of the lumbar spine, SPF NCS of the thoracic and lumbar spine, and EMG/NCS of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT to the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 98-99 Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for PT, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the proposed amount of PT sessions is not documented and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested PT is not medically necessary.

Ortho - Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Offical Disability Gudidelines (ODG) Chronic Pain Procedure Summary ; Regarding Durable medical equipment (DME)Official Disability Guidelines (ODG) Low Back (Acute & Chronic) Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Low Back Pain Chapter, Mattress selectionx Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/500_599/0543.html.

Decision rationale: Regarding the request for an ortho bed, California MTUS and ODG do not contain criteria for the purchase of a bed. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Aetna supports the use of hospital beds when a patient's condition: Requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed; or requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed; or requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered. In the absence of such documentation, the currently requested ortho bed is not medically necessary.

EMS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Neuromuscular electrical stimulation (NMES device).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page 114-121 of 127 Page(s): 114-121 of 127.

Decision rationale: Regarding the request for EMS, California MTUS notes that EMS devices such as neuromuscular electrical stimulation units are not recommended, as NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In light of the above issues, the currently requested EMS is not medically necessary.

SPF NCS of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain and Neck Chapters, Quantitative sensory threshold (QST) testing and Current perception threshold (CPT) testing.

Decision rationale: Regarding the request for SPF NCS, California MTUS does not specifically address the issue. ODG notes that these types of studies are not recommended as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes. In light of the above issues, the currently requested SPF NCS is not medically necessary.

EMG of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 & Chapter 11 Forearm Wrist and Hand complaints page 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 182.

Decision rationale: Regarding the request for EMG of the upper extremities, California MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits in the upper extremities for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG of the upper extremities is not medically necessary.

NCS / EMG of the 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.

Decision rationale: Regarding the request for NCS/EMG of the bilateral lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. EMG for clinically obvious radiculopathy is not recommended. Within the documentation available for review, the patient did have findings suggestive of radiculopathy, but a concurrently requested lumbar spine MRI was authorized, the results of which may obviate the need for additional testing with electrodiagnostic studies. In light of the above issues, the currently requested NCS/EMG of the bilateral lower extremities is not medically necessary.