MAXIMUS Federal Services

Case Number:	CM14-0091942		
Date Assigned:	09/12/2014	Date of Injury:	01/09/2014
Decision Date:	10/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 injured workers and 37-year-old female who is reported to have sustained injuries to her low back as a result of lifting trash bags on 01/09/14. She reported the development of low back pain with radiation into left lower extremity. The treatment to date is included oral medications, physical therapy and injections. A magnetic resonance image of the lumbar spine dated 04/22/14 notes and L4/5 disc protrusion with disc desiccation at L5/S1. There are annular fissures identified at L4/5 and L5/S1. On physical examination there is low back pain with radiation into the left foot, decreased lumbar range of motion, trace patellar and Achilles reflexes on the left, positive straight leg raise on the left at 40, decreased sensation a left L4, L5, and S1 distributions. The record contains a utilization review determination dated 06/05/14 in which requests for nerve conduction studies of the lower extremities, physical therapy, analgesic medication, anti-inflammatory medication, and muscle relaxing medications were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Studies of the lower extremities: Upheld

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

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

Decision rationale: The request for NCV of the lower extremities is not supported as medically necessary. The submitted clinical records indicate the injured worker has evidence of an active lumbar radiculopathy. Imaging is equivocal and EMG is clinical indicated. The records provide no data to suggest the presence of peripheral nerve entrapment or a peripheral neuropathy that would warrant nerve conduction studies. As such, medical necessity is not established.

Physical Therapy, unknown body part: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical therapy; Lumbar sprains and strains

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 Chapter, Physical Therapy.

Decision rationale: The request for physical therapy is not medically necessary. The request is non-specific. The injured worker has already completed 10 sessions of physical therapy. This request exceeds treatment recommendations and no extenuating circumstances are documented.

Analgesic medication: 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 Opiates Page(s): 74-80.

Decision rationale: The request for analgesic medications is not medically necessary. The request is non-specific and does not provide a medication name, strength, and prescribing instructions. As such, medical necessity cannot be determined.

Anti-inflammatory medication: 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 NSAIDs, Page(s): 67-73.

Decision rationale: The request for anti-inflammatory medications is not medically necessary. The request is non-specific and does not provide a medication name, strength, and prescribing instructions. As such, medical necessity cannot be determined.

Muscle relaxing medication: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for a muscle relaxing medication is not medically necessary. The request is non-specific and does not provide a medication name, strength, and prescribing instructions. As such, medical necessity cannot be determined.