

Case Number:	CM14-0092902		
Date Assigned:	08/08/2014	Date of Injury:	01/26/2013
Decision Date:	09/23/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 application for independent medical review was signed on June 21, 2014. The requests that were modified or denied included six visits of physical medicine with continuation dependent on functional improvement, an interferential stimulator one-month rental, a three-dimensional MRI of the lumbar spine, a lumbar orthotic, a functional capacity evaluation and work hardening screening. Per the records provided, the claimant is described as a 48-year-old female who has alleged multiple body injuries from January 26, 2013. She had extensive testing and treatment including x-rays, MRI, medications, therapy and electromyogram. The exam showed neck pain and spasm with limited range of motion, positive compression and distraction tests. The lumbar exam showed similar spasms and tenderness with limited range of motion and a positive stress test. Reflexes were 2+ bilaterally with intact sensation and normal muscular tone. The exams of the shoulders revealed a normal range of motion. The patient has had extensive physical therapy for this chronic condition and there has been no subjective benefit note from the therapy. No objective improvement was documented. The home exercise program was not documented. It was felt that the patient did not meet criteria for TENS or interferential usage. Regarding the MRI three-dimensional, the lumbar exam did show spasm and tenderness, but there was no apparent neurologic abnormalities documented. There were no red flags documented and no treatment plans were provided. The brace was non certified due to the chronicity of the back pain. Criteria for the functional capacity evaluation was not certified due to a lack of documentation of prior unsuccessful return to work at times, a lack of conflicting medical reporting on precautions and or fitness for modified job nor does she have injuries the required detail it detailed exploration of workers abilities. The claimant has received extensive treatment to date including physical therapy. It appears that the request for work hardening was another

request for physical therapy. The claimant should be returned instead to work modified duty status and work towards full duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine 6 visits with continuation dependent on functional improvement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 474. Decision based on Non-MTUS Citation Work Conditioning (Work Compensation) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general; 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.

Multi Interferential Stimulator one month rental: 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 Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Pain section, under NMES units.

Decision rationale: The MTUS notes that TENS including interferential stimulators are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some

evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005); Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985); Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005); Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007); The records submitted did not mention that the claimant had these conditions. Moreover, there is no mention that the use would be part of an evidence-based functional restoration program. Moreover, the proposed Multi-function unit would use NMES as well. The evidence-based synopsis in the Official Disability Duration guidelines do not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite: "Under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a full purchase of the 2 channel unit/electrodes is not medically necessary and appropriate.

MRI 3D Lumbar Spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note '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.' The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000); Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome These criteria

are also not met in this case; based on the MTUS and other evidence-based criteria the request is not medically necessary and appropriate.

FCE (Functional Capacity Evaluation): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Treatment in Workers' Comp, 7th edition, Fitness for Duty.

Decision rationale: Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request is not medically necessary and appropriate.

Work Hardening Screening: 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 Page(s): 125.

Decision rationale: The MTUS notes regarding Work conditioning, work hardening in the Chronic guideline that it is recommended as an option, depending on the availability of quality programs. There must be a Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). There must be an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. In this case, an exhaustion of PT and establishment of a plateau was not clear from the notes; moreover, some notes were illegible, and could not be assessed for proper utilization review. The request is not medically necessary and appropriate.

Lumbosacral Orthosis: 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): 298.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has had the injury for several years; per MTUS the brace would no longer be effective, therefore the request is not medically necessary and appropriate.