

Case Number:	CM14-0193003		
Date Assigned:	11/26/2014	Date of Injury:	10/07/2002
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63 year old female with a date of injury of 10/7/02. According to progress report dated 9/17/14, the patient presents with right leg weakness and reports falls due to the weakness. The patient has completed an EMG study of the lower extremities and was found to have a severe right femoral neuropathy. There was no evidence of active lumbar radiculopathy. In addition, she complains of right groin and right lateral hip pain. Examination revealed right leg antalgic gait, diffuse spine tenderness and right later hip tenderness. Report 8/20/14 notes that the patient continues to have lower back pain with improved right leg pain. Examination revealed decreased ROM, and positive SLR on the right. The patient was noted to have completed 12 chiropractic treatments and she is requesting extension of treatment. Prior treatments were helpful and provide some improvement with ROM and decrease in pain. The listed diagnoses are complete urinary incontinence, fibromyalgia, pain disorder, major depressive disorder, bilateral shoulder derangement, right femoral neuropathy and fecal incontinence. Treatment plan is for additional chiropractic visits, extension of Intone Unit for home use and assistance with transportation. The Utilization review letter from 10/21/14 denied the requests. Treatment reports from 1/30/14 through 10/29/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic manipulation treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with complaints of weakness in the right leg with pain in right groin and right lateral hip. The MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. There are no chiropractic treatment reports provided for review. On 9/17/14, the patient requested extension of chiropractic treatment as the prior 12 visits, provided "some improvement with range of motion and decrease in pain." The patient's work status is not provided. In this case, the treating physician's statement of improvement does not substantiate functional improvement as required by MTUS. Labor code 9792.20(e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. In addition, the request for 12 additional sessions with the 12 already completed exceeds what is recommended by MTUS. This request is not medically necessary.

1 extension for the use of an InTone unit at home: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Women's and Children's Health. Urinary Incontinence: the management of urinary incontinence in women. London (UK): National Institute for Health and Care Excellence (NICE); 2013 Sep. 48 p. (Clinical guideline; no.171)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular electrical stimulation (NMES devices) Page(s): 8, 121. Decision based on Non-MTUS Citation <http://www.incontrolmedical.com/about-intone-for-female-urinary-incontinence>

Decision rationale: This patient presents with complaints of weakness in the right leg with pain in right groin and right lateral hip. The Utilization review denied the request stating that the patient is not a candidate for therapeutic muscle stimulation. According to <http://www.incontrolmedical.com/about-intone-for-female-urinary-incontinence>, "INTONE provides a comprehensive, home-based pelvic floor rehabilitation. Muscle stimulation delivered through a customizable probe strengthens the pelvic floor while calming spasm of the bladder muscle." According to report 7/1/14, the patient continues with incontinence and leakage. She was recommended an Intone device. The report states that the device "is a noninvasive home treatment to assist ongoing problems of complete bladder incontinence." On 9/17/14, a request for extension was made for the "home Intone unit to treat her ongoing bladder incontinence." The ACOEM, MTUS and ODG guidelines do not specifically discuss Intone units; however, MTUS Guidelines page 121 states neuromuscular electrical stimulation (NMES devices) are not recommended. In addition, there are no discussions of improvement in the patient's bladder incontinence with utilizing this unit. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. This request is not medically necessary. The ACOEM, MTUS and ODG guidelines do not specifically discuss INTONE units; however,

MTUS Guidelines page 121 states neuromuscular electrical stimulation (NMES devices) are not recommended. In addition, there are no discussions of improvement in the patient's bladder incontinence with utilizing this unit. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. This request IS NOT medically necessary.

1 assistance with transportation: 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 AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: This patient presents with complaints of weakness in the right leg with pain in right groin and right lateral hip. The MTUS, ACOEM, and ODG Guidelines do not discuss transportations. AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion. "AETNA Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. In this case, the physician does not provide such information other than simply recommending transportation assistance. The patient's social situation is not discussed and there is no discussion as to why public transportation is not feasible. This request is not medically necessary.