

Case Number:	CM14-0198595		
Date Assigned:	12/08/2014	Date of Injury:	07/25/2013
Decision Date:	01/26/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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 worker is a 32-year-old male who reported injury on 07/25/2013. The mechanism of injury was a motor vehicle accident. His diagnoses included discogenic cervical condition with facet inflammation and headaches, and discogenic lumbar condition with facet inflammation and bilateral radiculopathy. His past treatments have included medications, chiropractic treatment, physical therapy, and acupuncture. Documents do not show imaging studies. His surgical history was noncontributory. The orthopedic evaluation, dated 09/11/2014, noted the injured worker complained of intermittent neck pain, rated 4/10. His neck pain did not radiate, and was improved with chiropractic treatment, heat, ice, massage, and exercise. He also complained of constant back pain, rated 6/10. His back pain was noted to radiate down his thigh, with numbness and tingling to his bilateral lower extremities, back spasms, and difficulty sleeping. The pain was noted to be improved with chiropractic treatment, walking, ice, heat, massage, and exercise. The physical exam revealed cervical flexion to 40 degrees, extension to 30 degrees, lateral tilting to 25 degrees bilaterally, tenderness to the cervical paraspinal muscles, and pain with facet loading. Trigger points were noted along the shoulder girdle. The examination of the lower back revealed full lumbar flexion, 20 degrees of extension, 20 degrees of lateral tilting, pain with extension, facet pain, and pain with facet loading at L3-S1 bilaterally. Good sensation was noted throughout the lower extremities, and the neurological exam was noted as intact. His medications included tramadol ER, Flexeril, Protonix, Nalfon, LidoPro, and Terocin patches. The treatment plan requested an MRI of the cervical and lumbar spine for further evaluation and EMG studies of the lower extremities, due to the complaint of radiculopathy, as well as, a low back brace, hot and cold wrap, TENS unit, and medication refills. The physician further recommended the injured worker continue home based exercise, application of ice and heat, and

12 additional sessions of chiropractic treatment to improve range of motion, function, and strength. The Request for Authorization form was submitted for review on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine and Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Low Back Chapter; Indications for imaging - Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179; 303-305.

Decision rationale: The request for MRI of the cervical spine and lumbar spine without contrast is not medically necessary. The injured worker had neck pain, rated 4/10, with paraspinal tenderness, trigger points, pain with facet loading, and an intact neurological exam. He also had low back pain, rated 6/10, which was reported to radiate to his thighs with numbness and tingling to his bilateral lower extremities, pain with facet loading, good sensation, and was neurologically intact. The California MTUS/ACOEM Guidelines recommend MRI of the cervical spine for the emergence of a red flag condition, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. When the neurological exam is less clear, further physiologic evidence of nerve dysfunction should be obtained prior to ordering an imaging study. There was no indication of neurological dysfunction of the cervical spine. The guidelines recommend MRI of the lumbar spine when objective findings identify specific nerve compromise on the neurological examination. When the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained prior to ordering an imaging study. There is a lack of objective indication of neurological dysfunction to a specific nerve related to the lumbar spine. As there is no evidence of a red flag condition, and a lack of evidence to indicate neurological dysfunction of the cervical or lumbar spine, the use of an MRI is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for EMG/NCV bilateral lower extremities is not medically necessary. The injured worker had low back pain, rated 6/10, pain with facet loading, and a complaint of numbness and tingling of the bilateral lower extremities, but was found to be

neurologically intact with good sensation on the physical exam. The California MTUS/ACOEM Guidelines state EMG may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. When specific nerve compromise is not clear on the neurological exam, further physiologic evidence of nerve dysfunction should be obtained prior to ordering an imaging study. The use of NCV is not recommended for the lower extremities except when testing for peripheral neuropathy. The injured worker had a lack of evidence of neurological deficit to the bilateral lower extremities. There was a lack of indication of specific nerve compromise on the physical examination. As such, EMG/NCV of the bilateral lower extremities is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Low back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; BACK - Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 308.

Decision rationale: The request for low back brace is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend lumbar support or back brace for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There is no documentation indicating low back instability. The rationale for the lumbar corset was not provided for review. As the use of lumbar supports is not recommended per the evidence based guidelines, the request is not supported at this time. Therefore, the request is not medically necessary.

Hot and Cold wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; The Continuous-flow cryotherapy

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, Cold/heat packs, and Neck and Upper Back, Heat/cold applications.

Decision rationale: The request for hot and cold wrap is not medically necessary. The injured worker had chronic neck and low back pain, which was noted to be improved with the application of ice and heat. The Official Disability Guidelines recommend the local application of cold packs during the first few days of neck and low back symptoms, followed by application of heat wraps, such as Thermacare, as a low risk, low cost option for acute pain. There is a lack of evidence to support the use of cold application. There is a lack of recommendation for use outside the acute phase. There is a lack of objective documentation of improvement in pain or function to support the continued use of cold/heat wraps. Additionally, there is no

documentation indicating his current method of cold/heat application is insufficient, or needs replacement. Given the above, the request is not medically necessary.

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: The request for TENS unit for purchase is not medically necessary. The California MTUS Guidelines note the use of TENS is not recommended as a primary treatment modality. A 1 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 patients with neuropathic pain, CRPS 2, CRPS 1, spasticity, or multiple sclerosis. The injured worker was noted to have spasms to his cervical spine, with a recommendation for ongoing home exercise program and chiropractic treatment. There was no documentation of the previous use/efficacy of a TENS unit. As such, the purchase of a TENS unit is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Chiropractic Therapy for 12 sessions of the cervical spine and Lumbar Spine: 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 Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic therapy for 12 sessions of the cervical spine and lumbar spine is not medically necessary. The injured worker had continued cervical and lumbar pain, with some functional limitation. The California MTUS Guidelines state chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. If return to work is achieved, 1 to 2 visits every 4 to 6 months may be appropriate for recurrence/flare ups. There is a lack of documentation of objective functional improvement with the previous chiropractic treatment. As the injured worker was noted to have completed greater than 12 sessions of chiropractic treatment, 12 additional sessions exceeds the guideline recommendations for the general course of treatment. There is a lack of documentation of exceptional factors to warrant the use of chiropractic therapy outside of the guideline recommendations. As such, 12 additional sessions of chiropractic treatment for the cervical spine and lumbar spine is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.