

Case Number:	CM14-0198821		
Date Assigned:	12/09/2014	Date of Injury:	11/02/2010
Decision Date:	01/22/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 47-year-old woman who sustained a work-related injury on November 2, 2010. Subsequently, she developed chronic low back, neck, and shoulder pain. According to a progress report dated October 15, 2014, the patient complained of constant neck pain with radiation into bilateral arms, right greater than left, with constant tingling. She also complained of mid back pain, which increases when extending her arms. The patient complained of constant lower back and bilateral shoulders (right greater than left) pain objective findings included decreased cervical spine range of motion, with right paravertebral/trapezius tenderness. Spurling's sign was negative. Decreased lumbar spine range of motion with 1+ midline tenderness. The patient was diagnosed with disc displacement, scoliosis, lumbar dis degeneration, sprain of neck, dorsal sprain/strain, sprain lumbar region, and sprain shoulder/arm. The provider requested authorization for Series of epidural injections, TENS (transcutaneous electrical nerve stimulation)/Home IF (Interferential) unit, Computerized ROM (range of motion) x-rays, and Complex Orthopedic Examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no documentation of what body parts will be treated with ESI. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections without radiculopathy (309). Therefore, the request for series Epidural Injections is not medically necessary.

TENS (transcutaneous electrical nerve stimulation)/Home IF (Interferential) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Therefore, the prescription of TENS (transcutaneous electrical nerve stimulation)/Home IF (Interferential) unit is not medically necessary.

Computerized ROM (range of motion) x-rays: Upheld

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

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, Flexibility

Decision rationale: According to ODG guidelines, computerized measure of lumbar range of motion is of unclear therapeutic value and the relationship between lumbar range of motion and ability to function is weak. Therefore, the request is not medically necessary.

Complex Orthopedic Examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for an ortho evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The provider did not give a justification for the follow up visit. There is no documentation of the reasons, the specific goals and end point for this consultation. Therefore, the request for Complex Orthopedic Examination is not medically necessary.