MAXIMUS Federal Services

Case Number:	CM14-0205218		
Date Assigned:	12/17/2014	Date of Injury:	05/02/2014
Decision Date:	02/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 applicant is a represented [redacted] employee who has filed a claim for low back and elbow pain reportedly associated with an industrial injury of May 2, 2014.In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve requests for a home interferential unit, a diagnostic ultrasound of the elbow, electrodiagnostic testing of the right upper extremity, and partially approved a request for eight sessions of physical therapy as six sessions of physical therapy. The claims administrator stated that the applicant should complete this physical therapy before ultrasound testing and/or electrodiagnostic testing was considered. The claims administrator referenced RFA forms dated November 10, 2014 and October 13, 2014 in its determination. The applicant's attorney subsequently appealed.On October 22, 2014, the applicant received a lumbar epidural steroid injection at L4-L5. In a progress note of the same date, October 22, 2014 the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was described as "disabled," it was stated at this point in time. The applicant reported tenderness over the medial epicondylar region of the elbow. MRI imaging of the lumbar spine apparently demonstrated a 4-mm disk protrusion at L4-L5. Epidural steroid injection therapy was performed at L4-L5 while Vicoprofen, Mobic, and laboratory testing were endorsed.In a Doctor's First Report dated November 10, 2014, the applicant had apparently transferred care to a new primary treating provider. It was stated that the applicant had last worked in February 2014 and was currently off of work. Low back pain radiating to the right leg, elbow pain, hypertension, and headaches were all reported. The applicant exhibited tenderness over the right medial epicondyle. Diagnostic ultrasound testing of the elbow was endorsed to assess for medial epicondylitis and/or ulnar subluxation, despite the fact that the applicant reportedly had a negative Tinel sign at the elbow. The applicant was given diagnoses of lumbar strain, lumbar radiculopathy, grade 1 lumbar

spondylolisthesis, and right elbow strain with medial epicondylitis. An internal medicine consultation and electrodiagnostic testing were sought to search for cubital tunnel syndrome. The applicant was placed off of work, on total temporary disability. The applicant's elbow pain was described as confined to the elbow, with no mention of paresthesias about the same. Sensorium and motor function were intact about the upper extremities. The attending provider also sought authorization for eight sessions of physical therapy and a home interferential unit while keeping the applicant off of work.Multiple handwritten progress notes throughout 2014 acknowledged that the applicant had remained off of work throughout that point in time.Nine sessions of physical therapy were approved via a correspondence dated August 27, 2014. Various physical therapy progress notes interspersed throughout 2014 were on file, including a physical therapy progress note as recent as September 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: The attending provider seemingly sought authorization for a purchase of the interferential unit device on November 10, 2014. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, however, that a purchase of an interferential stimulator device should be predicated on evidence of a favorable outcome during an earlier one-month trial rental of the same. Here, thus, the request for purchase of the device at issue runs counter to MTUS principles and parameters, which stipulate that an interferential stimulator can only be purchased if there is evidence of previously successful one-month trial of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the criteria for one-month trial of an interferential stimulator device include evidence of analgesic medication failure, inability to use analgesic medications secondary to medication side effects, and/or a history of substance abuse which would prevent provision of analgesic medications. Here, however, the applicant was described on November 10, 2014 as using a variety of oral pharmaceuticals, including Mobic, Norco, Effexor, etc., without any seeming impediment, effectively obviating the need for the home interferential unit device, either on a rental or purchase basis. Therefore, the request is not medically necessary.

Physical therapy 2x4 to the lumbar and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support 8 to 10 sessions of treatment for neuralgia, neuritis, and radiculitis, the diagnoses reportedly present, these diagnoses are qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite having received unspecified amounts of physical therapy over the course of the claim, including nine recent sessions of physical therapy in August and September 2014. The applicant remains dependent on various analgesic and adjuvant medications, including Mobic, Norco, and Effexor. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy already consistent with MTUS parameters. Therefore, the request is not medically necessary.

Diagnostic ultrasound study of the right elbow: 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), Elbow Chapter, Diagnostic ultrasound

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Elbow Chapter, Diagnostic Ultrasound section

Decision rationale: While the MTUS does not specifically address the topic of diagnostic ultrasound testing for the elbow, the body part at issue here, the MTUS Guideline in ACOEM Chapter 10, page 33 notes that criteria for ordering imaging studies in general include evidence that an imaging study will substantially change the treatment plan, emergence of a red flag, and/or evidence of significant tissue insult or neurological dysfunction which have been thought to be correctible by invasive treatment, and/or agreement by the applicant to undergo an invasive procedure if the presence of a surgically correctable lesion is identified. Here, the applicant had an established diagnosis of medial epicondylitis, clinically-evident. There was no mention of the applicant's willingness to undergo any kind of surgical intervention involving the elbow based on the outcome of the study in question. There was no mention of how the proposed elbow ultrasound would influence or alter the treatment plan. While the attending provider stated that the test in question was intended to rule out cubital tunnel syndrome, in this case, however, the applicant did not have any complaints of paresthesias, numbness, or tingling about the affected right upper extremity. The applicant exhibited normal motor and sensory function about the injured right arm. The applicant's pain complaints were seemingly confined to the affected elbow. The Third Edition ACOEM Guidelines further note that diagnostic ultrasound testing is "seldom necessary." Here, the attending provider's progress note contained little in the way of narrative commentary and did not establish a compelling case for ultrasound testing in question

which would offset the seemingly tepid-to-unfavorable ACOEM positions on the same. Therefore, the request is not medically necessary.

Electrodiagnostic studies of right upper extremity for cubital tunnel syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 10, Table 2 does acknowledge that ulnar nerve entrapment can be diagnosed via a nerve conduction testing above and below the elbow with abnormalities on EMG a typical or more advanced cases, ACOEM Chapter 10, Table 2 also notes that ulnar nerve entrapment/cubital tunnel syndrome is characterized by paresthesias in the ring and fifth digits, generally about the volar surfaces of the digits in question. Here, however, there was no mention of the applicant's having issues with upper extremity paresthesias suggestive of cubital tunnel syndrome/ulnar nerve entrapment. All of the applicant's pain was seemingly confined to the medial epicondyle. The applicant's presentation, thus, was not consistent or compatible with a diagnosis of cubital tunnel syndrome for which electrodiagnostic studies would have been indicated. Therefore, the request is not medically necessary.