

Case Number:	CM15-0005605		
Date Assigned:	01/28/2015	Date of Injury:	08/07/2014
Decision Date:	03/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 male injured worker suffered an industrial injury on 8/7/2014. The diagnoses were sprain lumbar region radiating to both lower legs. The treating provider reported 8/10 back pain with tenderness and spasticity, positive straight leg raise, decreased range of motion, lower extremity tingling sensation and weakness. The Utilization Review Determination on 12/17/2014 non-certified: 1. Functional Restoration Evaluation, citing ACOEM, Official Disability Guidelines. 2. TENS unit, citing MTUS Chronic pain Treatment Guidelines. 3. Magnetic resonance imaging of the lumbar spine, citing MTUS Chronic pain Treatment Guidelines ACOEM chapter 12. 4. Electromyography of the lower extremities, citing Official Disability Guidelines, low back. 5. 6 sessions of shock wave therapy for the lumbar spine, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations. Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Fitness for Duty Chapter

Decision rationale: Functional capacity evaluations are not recommended according to ACOEM or the ODG as there is little evidence that they predict an individual's capacity to perform in the workplace. A Functional capacity evaluation is indicated to determine fitness for duty prior to admission to a work hardening program or if there has been prior unsuccessful return to work attempts. Since there is no documentation of unsuccessful return to work attempts and no documentation for the need to do a detailed exploration of his abilities, this test is not necessary and appropriate.

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: A trial of a TENS unit is appropriate in cases where documentation of chronic intractable pain of at least three months has been documented and where other appropriate pain modalities have been tried and failed. In this case, the patient had not undergone trials of conservative treatment with evidence of failure. Thus, use of a TENS unit is not supported by the MTUS guidelines.

1 MRI of the lumbar spine: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 341-342.

Decision rationale: Lumbar MRI is indicated for uncomplicated low back pain with prior surgery, with radiculopathy after at least one month of conservative therapy or in suspicion of cancer, infection, or other red flags (change in symptoms or findings are suggestive of red flags). In this case, documentation did not reveal findings of a change in symptomatology or a significant spinal pathology. Thus the use of MRI of the lumbar spine is not medically necessary and appropriate.

1 EMG/NCS of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Lumbar and thoracic EMG/NCS

Decision rationale: Electromyography is useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. However, EMG is not useful in cases of presumed radiculopathy. In this case, the patient has complaints of low back pain with neuropathic symptoms possibly related to disc herniation. Thus, the use of an EMG is congruent with guidelines but a nerve conduction study is not appropriate in cases of presumed radiculopathy. Thus the EMG is medically necessary and appropriate but the NCS is not medically necessary and appropriate.

6 Shock wave therapy sessions for the lumbar spine: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Extracorporeal shock wave therapy is not recommended for the lumbar spine region. Guidelines do not support the use of this treatment. In addition, the patient had not attempted adequate conservative treatment.