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| Case Number: | CM15-0007697 | | |
| Date Assigned: | 01/23/2015 | Date of Injury: | 10/20/2014 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported injury on 10/20/2014. The mechanism of injury was cumulative trauma. Other therapies and diagnostic studies were not provided for review. There was a Request for Authorization dated 10/24/2014. The documentation indicated the injured worker underwent an MRI of the cervical spine, MRI of the right shoulder, and MRI of the lumbar spine with flexion and extension on 11/17/2014. The documentation of 11/14/2014 revealed the injured worker had complaints of headaches and pain in the neck, mid upper back, lower back, and bilateral shoulders. The injured worker had decreased tenderness to palpation from the prior visit. There were no changes in the neurologic circulatory examination. The comments revealed the injured worker was waiting on an MRI and an EMG/NCV. The diagnostic impression included head pain, tension headaches, cervical spine musculoligamentous sprain and strain with radiculitis, rule out cervical spine discogenic disease, thoracic spine and lumbar spine musculoligamentous strain, with the lumbar spine having radiculitis, rule out lumbar spine discogenic disease, bilateral shoulder sprain and strain, impingement syndrome, bilateral wrist sprain and strain, rule out bilateral wrist carpal tunnel syndrome, sleep disturbance secondary to pain, and situational depression. The injured worker was noted to be continuing physical therapy of the cervical spine, lumbar spine, and bilateral shoulders 2 times a week for 6 weeks. The injured worker was prescribed the medication Motrin 600 mg twice a day as needed with meals, cyclobenzaprine 7.5 mg #60 twice a day as needed, Fluriflex 180 grams apply to affected area twice a day, and TGHOT 180 grams to apply a thin layer to the affected area twice a

day, and a referral for a psych consultation. The examination of 10/24/2014 was of poor fax quality and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment of at least 6 weeks and who would consider surgery an option. The clinical documentation submitted for review failed to provide objective findings as the documentation for the requested service was of poor fax quality and illegible. As such, there was a lack of documentation of a failure of conservative care, and there was a lack of documentation of specific nerve compromise. Given the above, the request for Lumbar MRI is not medically necessary.

Physical performance: FCE: 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), Functional capacity evaluation (FCE)

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 Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement, and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had a failure to return to work, and there was a lack of documentation indicating the injured worker was close to or at maximum medical improvement and that the injured worker had all secondary conditions clarified. The documentation from the date of

request was of poor fax quality. Given the above, the request for Physical performance: FCE was not medically necessary.

Twelve (12) chiropractic treatments cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral wrists 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical documentation submitted for review failed to provide a rationale for the requested treatment. The objective findings were illegible as the fax quality was poor. Additionally, there was a lack of documentation indicating a necessity for nonadherence to guideline recommendations as manual therapy for the wrist is not recommended. There was a lack of documentation indicating a necessity for 12 sessions versus the trial of 6 sessions. Given the above, the request for Twelve (12) chiropractic treatments cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral wrists 3 x 4 is not medically necessary.

Inferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work and exercise. The clinical documentation submitted for review failed to provide documentation the injured worker would be utilizing the unit with recommended treatments. Additionally, the request as submitted failed to indicate

whether the unit was for rental, and if for rental, the duration of use, and/or whether the unit was for purchase. Given the above, the request for Inferential unit is not medically necessary.

EMG/NCV lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The American College of Occupational and Environmental Medicine states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The guidelines do not address NCS. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide documentation of 3 to 4 weeks of conservative care and observation. The original documentation requesting the nerve conduction study and EMG was of poor fax quality and was illegible. Given the above, the request for EMG/NCV lower extremities is not medically necessary.