

Case Number:	CM15-0100769		
Date Assigned:	06/03/2015	Date of Injury:	05/14/2014
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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

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(n) 23 year old female, who sustained an industrial injury on 5/14/14. She reported pain in her neck, shoulders and lower back related to a motor vehicle accident. The injured worker was diagnosed as having myofascitis, lumbar strain and lumbar radiculopathy. Treatment to date has included physical therapy and chiropractic treatments. A lumbar MRI on 7/14/14 showed mild central canal narrowing due to slight facet enlargement at L4-L5 and a 45mm posterolateral protrusion at L5-S1. As of the PR2 dated 12/29/14, the injured worker reports worsening pain in the lower back and 7/10 pain in the bilateral upper back. Objective findings include mild tenderness to the bilateral cervical paraspinals and bilateral upper trapezius/levator and scapular muscles, lumbar range of motion 60 degrees for flexion and 20 degrees for extension and no impingement signs. The treating physician requested aquatic therapy x 12 sessions, an LSO back brace, an H-wave unit and an EMG/NCV of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 04/16/2015 Doctor's First report, this patient presents with low back pain that radiates to the left lower extremity with numbness and tingling, left shoulder pain, left arm/elbow pain, neck pain, stress and anxiety. The current request is for 12 aquatic therapy sessions. The request for authorization is on 05/12/2015 and the patient is unable to perform usual work. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the provided reports shows no therapy reports. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. In addition, the requested 12 sessions exceed what is allowed per MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. Therefore, the current request IS NOT medically necessary.

One (1) LSO back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low Back chapter: lumbar supports.

Decision rationale: According to the 04/16/2015 Doctor's First report, this patient presents with low back pain that radiates to the left lower extremity with numbness and tingling, left shoulder pain, left arm/elbow pain, neck pain, stress and anxiety. The current request is for One (1) LSO back brace to provide stability. There is no documentation of compression fractures, spondylolisthesis, or instability in the 07/14/2014 lumbar MRI. The request for authorization is on 05/12/2015 and the patient is unable to perform usual work. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states "not recommended for prevention, however, recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, ODG states that there is very low quality evidence. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request is not medically necessary.

One (1) H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: According to the 04/16/2015 Doctor's First report, this patient presents with low back pain that radiates to the left lower extremity with numbness and tingling, left shoulder pain, left arm/elbow pain, neck pain, stress and anxiety. The current request is for One (1) H-wave unit to decrease muscle spasm, decrease pain and return the patient to usual and customary duties. The request for authorization is on 05/12/2015 and the patient is unable to perform usual work. Regarding H wave units, MTUS guidelines page 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus (TENS). Review of the provided reports, there were no indication that the patient has tried noninvasive conservative care of chiropractic treatment, physical therapy, TENS unit and medications as required by MTUS. In this case, the patient appears to have not tried the 30 days trial of H-wave unit. Therefore, the requested H-wave device purchase is not in accordance with the guidelines. The request IS NOT medically necessary.

One (1) EMG/NCV of the left upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 04/16/2015 Doctor's First report, this patient presents with low back pain that radiates to the left lower extremity with numbness and tingling, left shoulder pain, left arm/elbow pain, neck pain, stress and anxiety. The current request is for One (1) EMG/NCV of the left upper extremities to rule out cubital tunnel syndrome. The request for authorization is on 05/12/2015 and the patient is unable to perform usual work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG)

may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the provided reports does not show evidence of prior EMG/NCV of the upper left extremity. In this case, the patient presents with positive left Tinel's and left Bent Elbow test. Decreased sensation of the left upper extremity is noted along the ulnar distribution. The requested EMG/NCV of the left upper extremity is reasonable and is supported by the guidelines. Therefore, the current request IS medically necessary.