MAXIMUS Federal Services

Case Number:	CM15-0133946		
Date Assigned:	07/22/2015	Date of Injury:	08/07/2014
Decision Date:	10/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 29 year old male who experienced a work related injury on August 7, 2014. Diagnoses include cervical, thoracic and lumbar radiculopathy, lumbar spine sprain and strain, thoracic spine myofascial pain syndrome and cervicalgia. Diagnostic evaluation has involved electro diagnostic testing of the upper extremity in November 2014 revealing cervical radiculopathy. Lower extremity nerve conduction evaluation on November 22, 2014 demonstrated lumbar and sacral radiculopathy. MRI of the cervical spine on December 3, 2014 was consistent with cervical disc protrusion and MRI of the lumbar spine on December 5, 2014 showed disc protrusion and foraminal stenosis. Treatment has included epidural injections, acupuncture, medications and physical therapy. Request is for electromyography and nerve conduction studies, orthopedic surgeon consultation, urinalysis, 6 sessions of acupuncture, 6 sessions of chiropractic care, 6 physiotherapy treatments and one prescription of Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) and Electromyograph (EMG): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS guidelines do not recommend electromyography and nerve conduction velocities without signs of radiculopathy or nerve dysfunction. However, in chart review there is clear documentation that radiculopathy is clinically present. Therefore, the requests for electromyography and nerve conduction studies are medically necessary and appropriate.

Orthopedic surgeon consult: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Documentation revealed the injured worker experienced persistent symptoms including radiculopathy despite multiple treatment regimens. MTUS guidelines indicate the appropriateness of a referral when there is delayed recovery. MTUS guidelines also indicate when a surgical referral is needed such as severe and disabling lower leg symptoms, radiculopathy. Therefore, the request for an orthopedic surgeon consultation is medically necessary and appropriate.

Urine analysis testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS guidelines provide recommendations on when to obtain urine testing to assess for the presence of illegal drugs. Chart review provided no indication that the injured worker showed issues of abuse or addiction. Therefore, the request for urinalysis is not medically necessary and appropriate.

6 acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Acupuncture Treatment 2007.

Decision rationale: Acupuncture has not been found to be effective in the management of back pain per MTUS guidelines. Acupuncture Medical treatment guidelines indicate that functional improvement is needed for acupuncture to be extended. Documentation review shows that initial treatment with acupuncture and other modalities did not lead to functional improvement. Therefore, the request for six sessions of acupuncture is not medically necessary and appropriate.

6 chiropractic treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per MTUS guidelines, manual therapy and manipulation is recommended for chronic pain caused by musculoskeletal conditions. Specifically, low back manual therapy and manipulation is recommended as an option for therapeutic care with a trial of 6 visits. Therefore, 6 sessions of chiropractic care is medically necessary and appropriate.

6 physiotherapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Documentation review revealed the injured worker underwent active physical therapy without functional improvement. Guidelines express the need for fading of treatment frequency and to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. No evidence was found indicating a fading of treatment and subsequent home therapy implementation. Therefore, six physiotherapy treatments are not medically necessary and appropriate.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS guidelines recommend analgesic treatment begins with acetaminophen, aspirin and NSAIDs. In particular, there is no evidence that opioids showed

long-term benefit or improvement in function when used as a treatment for chronic back pain. As Tramadol is a synthetic opioid, its use as a medication for pain control in the injured workers back pain is not medically necessary and appropriate.