

Case Number:	CM15-0024216		
Date Assigned:	02/13/2015	Date of Injury:	01/10/2014
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 10, 2014. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral lower extremities, cardiovascular respiratory arrest, lumbar support/back brace, multistimulator device, and a functional capacity assessment. The claims administrator referenced a progress note of January 7, 2015, and an associated RFA form of January 27, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated January 7, 2015, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability with ongoing complaints of low back and left knee pain, 6 to 8/10. A multi-stimulator unit, cardiorespiratory testing, functional capacity evaluation, electrodiagnostic testing, and a Toradol injection was endorsed while the applicant was kept off of work. On November 12, 2014, the applicant was given Naprosyn, tramadol, Flexeril, Prilosec and, once again, kept off of work, on total temporary disability. The applicant was status post trigger point injections, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

cardiovascular and respiratory test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Autonomic Test Battery topic. Page(s): 23.

Decision rationale: It was not clearly stated or established precisely what this test represented. It appeared that the test in question represents a form of autonomic testing. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend autonomic testing to evaluate the presence or absence or complex regional pain syndrome (CRPS), in this case, however, the January 7, 2015 progress note did not state for what purpose the cardiorespiratory testing in question was being proposed. It was not clearly stated what was sought. It was not clearly stated what was suspected. Therefore, the request is not medically necessary.

Purchase of aspen summit lumbar brace/support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, January 7, 2015, following an industrial injury of January 10, 2014. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

Purchase of Multi-Stim unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) topic. Page(s): 121. Decision based on Non-MTUS Citation Product Description, Multi-Stim Unit: "Three Forms of Therapy: TENS, Interferential and Neuromuscular Stimulator."

Decision rationale: Per the product description, the multi-stimulator device contains three forms of therapy, conventional TENS therapy, interferential therapy, and a neuromuscular stimulator. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation, one of modalities in the unit, is not recommended in the chronic pain context present here but, rather, should be reserved for the post stroke rehabilitative

context. Since one modality in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.

Initial functional capacity evaluation assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, , 2nd Edition Chapter 7, Independent Medical Examinations and Consultations, and Official Disability Guidelines, Treatment in Worker's Comp, 7th edition, Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggests considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was placed off of work, on total temporary disability, via the January 7, 2015 progress note on which the functional capacity evaluation was endorsed. No clear or compelling rationale for the FCE was furnished in the face of the applicant's seeming failure to return to work. Therefore, the request was not medically necessary.