

Case Number:	CM15-0029489		
Date Assigned:	02/23/2015	Date of Injury:	09/18/2014
Decision Date:	04/22/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/18/2015

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: Arizona, Michigan

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 injured worker is a 29-year-old female with an industrial injury date of 09/18/2014. The mechanism of injury is noted as a fall at work when she stepped on the skirt of a long dress and fell backwards. She returns on 01/15/2015 for follow up complaining of low back pain radiating down the back and front of the left leg. Physical exam showed tenderness to palpation across the low back and left buttock area. She had decreased range of motion. MRI of lumbar spine on 12/30/2014 showed a 2 mm sub ligamentous tear at lumbar 5- sacral 1 disc protrusion and annular fissure. There is no central spinal stenosis at any level. Prior treatments include chiropractic treatments, physical therapy and medications. Diagnoses included: Low back pain. Left lumbosacral radiculopathy and weakness. Lumbar 5-sacral 1 disc protrusion and annular tear. On 01/14/2015 utilization review issued the following decisions: The request for functional capacity evaluation was non-certified. The request for durable medical equipment lumbar brace was non-certified. The request for DNA testing was non-certified. The request for 12 additional physical therapy visits was non-certified. The request for MRI of the lumbar spine was non-certified. The request for durable medical equipment - Transcutaneous Electrical Nerve Stimulator (TENS)/Electronic Muscle Stimulator (EMS) unit was non-certified. Voltage actuated sensory nerve conduction threshold test was non-certified. MTUS, ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / Functional capacity evaluation (FCE).

Decision rationale: The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if; 1) Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts." Conflicting medical reporting on precautions and/or fitness for modified job. "Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: "Close or at MMI/all key medical reports secured." Additional/secondary conditions clarified. Do not proceed with an FCE if; "The sole purpose is to determine a worker's effort or compliance." The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore, the request for functional capacity evaluation is not medically necessary at this time.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / lumbar supports.

Decision rationale: Per ACOEM in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, Per the ODG, lumbar braces are recommended as an option in the treatment of compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low quality evidence, but may be a conservative option). Acute osteoporotic vertebral compression

fracture management includes bracing, analgesics, and functional restoration. (Kim, 2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). (McIntosh, 2011) Bracing is a low-risk, cost-effective method to treat certain thoracolumbar fractures, and it offers equivalent efficacy as surgical management in many cases. A review of the injured workers medical records does not show that she meets the criteria as recommended in the guidelines her x-rays were negative for any type of fractures, spondylolisthesis or instability and there was also no documentation of recurrent low back pain, a lumbar brace is not medically necessary in the management of this injured worker.

DNA testing: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain Page(s): 42.

Decision rationale: Per the MTUS, cytokine DNA testing for pain is not recommended, there is no current evidence to support its use in the diagnosis of pain, including chronic pain, Based on this guideline the request for DNA testing is not medically necessary.

Physio therapy lumbar: 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).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records that are available to me reveal that she has had physical therapy however there is no documentation of subjective or objective pain or functional improvement in her symptoms. The request also does not specify a quantity and without this information, medical necessity cannot be established.

MRI lumbar: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI Lumbar Spine is not medically necessary at this time.

Transcutaneous electrical nerve stimulator (TENS)/Electrical Muscle Stimulator (EMS) unit: 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).

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

Decision rationale: Per the MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However it may be tried under specific criteria as documented in the MTUS, which include documentation of pain of at least 3 months duration and there is evidence that other appropriate pain modalities including medication have been tried and failed. A one month trial period should include documentation of how often unit was used, as well as outcomes in terms of pain relief and function and other ongoing pain treatment, a treatment plan including specific short and long term goals of treatment with the unit should be submitted and a 2 lead unit is generally recommended, if a 4 lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records do not show that other appropriate pain modalities including medications have been tried and failed therefore the request for Transcutaneous electrical nerve stimulator (TENS) / Electrical Muscle Stimulator (EMS) unit is not medically necessary at this time.

VSNCT voltage actuated sensory nerve conduction threshold 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / Neck and Upper back (Acute and Chronic) Current perception threshold (CPT) testing.

Decision rationale: The MTUS/ACOEM did not specifically address the use of computerized sensory testing therefore other guidelines were consulted. Per the ODG current perception threshold or VSNCT voltage actuated sensory nerve conduction threshold testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) have both concluded that quantitative sensory threshold (QST) testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold (CPT) testing. Therefore based on the guidelines the request for VSNCT voltage actuated sensory nerve conduction threshold test is not medically necessary.