

Case Number:	CM15-0037440		
Date Assigned:	03/05/2015	Date of Injury:	08/31/2012
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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 43 year old female who sustained a work related injury on August 31, 2012, after lifting boxes and packages causing back pain. She was diagnosed with lumbosacral neuritis/radiculitis, lumbar sprain/strain and thoracic sprain/strain. Treatment included physical therapy, diagnostic imaging and pain medications. Currently, in February 2015, the injured worker complained of mid and low back pain radiating into the left leg. On February 10, 2015, a request for Physical Therapy for lumbar spine for six sessions; nerve conduction velocity/ electromyogram of bilateral lower extremity; X rays of the lumbar spine; Magnetic Resonance Imaging (MRI) of the lumbar spine with vital imaging; Medical Consultation; Functional Capacity initial Evaluation; Diagnostic Testing; and low back brace for Lumbar Spine Support, was non-certified by Utilization Review, noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar 3 x2, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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 it is unclear how many sessions she has had and there is no documentation of subjective or objective pain or functional improvement in her symptoms. Without this information, medical necessity cannot be established.

NCV/EMG of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / EMGs (electromyography) / Nerve conduction studies (NCS).

Decision rationale: Per the MTUS/ ACOEM Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. NCS, are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records that are available to me reveal that she has subjective complaints of radiculopathy as well as a past diagnosis of lumbosacral radiculitis. It would appear that the diagnosis of radiculopathy is already clinically obvious and the guidelines state that EMG's are not necessary if that is the case; therefore based on the guidelines the request for NCV/EMG of Bilateral Lower Extremities is not medically necessary.

X-rays of Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The MTUS states that lumbar spine x-rays 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. Therefore, based on the injured workers clinical presentation and the guidelines the request for X-rays of lumbar spine is not medically necessary at this time.

MRI of Lumbar with vital Imaging: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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.

Medication Consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-34.

Decision rationale: Per the MTUS chronic pain programs are recommended and patients that may benefit from early intervention via a multidisciplinary approach should be identified following specific criteria as listed in the MTUS. (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints

compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4-6 weeks. A review of the injured workers medical records that are available to me do not show that she meets any of the criteria as specified by the MTUS and therefore the request for Medication Consultation with [REDACTED] is not medically necessary.

Functional Capacity Initial Evaluation: Diagnostic testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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 Initial functional capacity evaluation is not medically necessary at this time.

Low Back Brace for Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

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. A review of the injured workers medical records show that she has had symptoms since 8/31/2012 and she is no longer in the acute phase, therefore based on the injured workers current clinical presentation and the guidelines the request for low back brace for lumbar spine support is not medically necessary.