

Case Number:	CM15-0053120		
Date Assigned:	03/26/2015	Date of Injury:	11/06/2014
Decision Date:	05/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/20/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 31-year-old male who reported an injury on 11/06/2014. The mechanism of injury was not provided. The diagnoses included neuralgia, neuritis, and radiculitis, unspecified, sprains and strains of the lumbar and thoracic spine. Prior therapies included physical therapy. There was a Request for Authorization submitted for review dated 02/03/2015. The documentation of 02/03/2015 revealed the injured worker had complaints of occasional, moderate, sharp, stabbing upper and mid back pain and sharp low back pain with stiffness. The injured worker was noted to receive relief from medication and physical therapy. The objective findings revealed decreased range of motion and tenderness to palpation of the thoracic and paravertebral musculature. There were muscle spasms in the thoracic and paravertebral muscles and the Kemp's test caused pain. The injured worker had decreased range of motion of the lumbar spine with tenderness to palpation of the lumbar paravertebral muscles with muscle spasms of the lumbar paravertebral muscles and sitting straight leg raise was positive on the right. The treatment request included an MRI of the thoracic and lumbar spine to rule out disc herniation and an EMG/NCV of the bilateral lower extremities. Additionally, the request was made for and interferential unit as a 5 month rental for 30 minutes, 3 to 5 times per day to aid in pain reduction, reduction of edema, and/or accelerate rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide that there was specific nerve compromise on the neurologic examination. There was a lack of documentation indicating a failure of conservative care. Given the above and the lack of documentation of exceptional factors, the request for MRI (magnetic resonance imaging) thoracic spine is not medically necessary.

Chiropractic Treatment, 8 sessions (2 times weekly for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request for 8 sessions would be excessive. Additionally, the request as submitted failed to indicate the body part to be treated with the chiropractic treatment. Given the above, the request for chiropractic treatment, 8 sessions (2 times weekly for 4 weeks) is not medically necessary.

Back Brace, purchase: 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): 300.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was a lack of spinal instability. There was a lack of documentation of exceptional factors to support the necessity for a lumbar support. Given the above, the request for Back Brace, purchase is not medically necessary.

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide that there was specific nerve compromise on the neurologic examination. There was a lack of documentation indicating a failure of conservative care. Given the above and the lack of documentation of exceptional factors, the request for MRI (magnetic resonance imaging) lumbar spine is not medically necessary.

IF Unit (Interferential unit) rental, 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to indicate the injured worker would utilize the unit with exercise. Additionally, the request for 5 months without re-evaluation is excessive. Given the above, the request for IF Unit (Interferential unit) rental, 5 months is not medically necessary.

EMG (electromyogram) /NCV (nerve conduction velocity) BLE (bilateral lower extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, table 12-8.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. There was a lack of documentation of objective findings upon physical examination to support the necessity for an EMG/NCV. Additionally, there was a lack of documentation of a failure of conservative care. Given the above, the request for EMG (electromyogram) /NCV (nerve conduction velocity) BLE (bilateral lower extremities) is not medically necessary.