

Case Number:	CM15-0053304		
Date Assigned:	03/26/2015	Date of Injury:	10/08/2014
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported injury 10/08/2014. The mechanism of injury was repetitive motion. The diagnoses included lumbar radiculopathy. The documentation of 01/16/2015 revealed the injured worker was complaining of pain radiating to his leg. X-rays of the lumbar spine were noted to have been ordered. The diagnoses included lumbosacral musculoligamentous sprain and strain with radiculitis, rule out lumbosacral spine discogenic disease. The injured worker was noted to be evaluated and diagnostic studies were taken and the injured worker was started on a course of physical therapy 10/29/2014. The treatment plan included an MRI of the lumbar spine, a lumbosacral brace and motorized hot and cold unit, interferential therapy to increase range of motion for 3 to 12 months and the medication Fexmid as well as a referral for physical therapy. The request was made for an EMG/NCV and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6, Lumbar Spine with modalities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 43, 99, 118-119, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend 10 sessions for myalgia and myositis as well as radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. The objective functional benefit that was received was not provided. There was a lack of documentation indicating objective functional deficits. The quantity of sessions was not provided. The request for 12 sessions exceeds guideline recommendations. Given the above, the request for physical therapy 2 x 6, lumbar spine with modalities is not medically necessary.

EMG/NCV Bilateral Lower Extremities: 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) Low Back, EMG's, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

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. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care. There was a lack of documentation indicating the injured worker had objective findings upon physical examination to support the necessity for an EMG/NCV. Given the above EMG/NCV bilateral lower extremities is not medically necessary.

Prime Interferential Therapy x 3 - 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 provide documentation the injured worker would be utilizing the unit with exercise. There was a lack of documentation indicating a necessity for 3 to 12 months without evaluation. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for Prime Interferential Therapy x 3 - 12 is not medically necessary.

Brace, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

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 documentation of spinal instability upon physical examination. There was a lack of documentation of exceptional factors. Given the above, the request for brace lumbar spine is not medically necessary.

Motorized Hot & Cold Unit (purchase): 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) Low Back, 2014, Cold/Heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The American College of Occupational and Environmental Medicine indicate that at home local applications of cold in the first few days of an acute complaint are appropriate thereafter the application of heat or cold. The clinical documentation submitted for review failed to provide documentation the injured worker could not utilize at home applications of cold or heat. There was a lack of documentation indicating a necessity for a motorized hot and cold unit. Given the above, the request for motorized hot and cold unit purchase is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids, Ongoing Management Page(s): 77, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who had documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker was utilizing medications that would support the necessity for a urine drug screen. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction or poor pain control. Additionally, the guidelines indicate before a therapeutic trial of opioids, there should be consideration of a urine drug screen to assess further use or presence of illegal drugs. The clinical documentation submitted for review failed to provide a documented rationale. Given the above, the request for urine drug screen is not medically necessary. Additionally, the date of service was not provided.