

Case Number:	CM15-0058866		
Date Assigned:	04/03/2015	Date of Injury:	08/30/2011
Decision Date:	05/26/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/27/2015

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: California
Certification(s)/Specialty: Emergency 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 32-year-old male who reported an injury on 08/30/2011. The mechanism of injury involved a fall. The current diagnoses include lumbar myospasm, lumbar radiculopathy, and lumbar sprain/strain. The injured worker presented on 01/28/2015 for a follow-up evaluation with complaints of constant moderate to severe dull, achy, sharp low back pain radiating into the bilateral lower extremities with associated numbness, tingling and weakness. Upon examination, the ranges of motion were decreased and painful with regard to the lumbar spine. There was tenderness to palpation over the bilateral SI joints and lumbar paravertebral muscles. Muscle spasm in the lumbar paravertebral muscles was also noted. The injured worker had a positive Kemp's testing bilaterally. Treatment recommendations included an MRI of the lumbar spine, electrodiagnostic studies, a Functional Capacity Evaluation, a follow-up with the medical provider, physical therapy, acupuncture, chiropractic treatment, a TENS unit, and a lumbar support brace. A Request for Authorization form was submitted on 01/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the lumbar spine: 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 California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insults or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. There was no documentation of a motor or sensory deficit upon examination. There was also no documentation of a recent attempt at any conservative management prior to the request for an imaging study. Given the above, the request is not medically necessary.

Functional Capacity evaluation: 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 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Examination when case management is hampered by complex issues and the timing is appropriate. In this case, there is no indication that this injured worker has exhausted all conservative treatment. There is no indication that this injured worker is not currently a surgical candidate. There is no mention of any previous unsuccessful return to work attempts. There is no indication that the injured worker has reached or is close to reaching maximum medical improvement. Given the above, the request is not medically necessary.

Chiropractic treatment for the 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 Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The specific quantity or treatment duration was not listed in the request. Therefore, the request is not medically appropriate.

EMG/NCV of the 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): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no documentation of a significant motor or sensory deficit upon examination. There is also no documentation of a recent attempt at any conservative management prior to the request for an electrodiagnostic study. Given the above, the request is not medically necessary.

Physical therapy to the 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 Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The specific quantity or treatment duration was not listed in the request. Therefore, the request is not medically appropriate.

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The request as submitted failed to indicate the specific body part to be treated as well as the quantity or duration of treatment. Therefore, the request is not medically appropriate.

TENS/EMS Unit: 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 Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1-month home based trial may be considered as a noninvasive conservative option. A 1-month trial should be documented with evidence of how often the unit is used as well as outcomes in terms of pain relief and function. In this case, there was no evidence that other appropriate pain modalities had been tried and failed, including medication. There was also no documentation of a successful 1-month trial prior to the request for a unit purchase. Given the above, the request is not medically necessary.