MAXIMUS Federal Services

Case Number:	CM14-0122807		
Date Assigned:	09/16/2014	Date of Injury:	01/05/2007
Decision Date:	10/16/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 55-year-old female was reportedly injured on January 5, 2007. The most recent progress note, dated April 29, 2014, indicated that there were ongoing complaints of left shoulder and low back pains. The physical examination demonstrated tenderness to palpation, muscle spasm and a decreased range of motion. Diagnostic imaging studies were not presented in the narrative. Previous treatment included multiple medications, physical therapy, chiropractic care and other pain management interventions. A request had been made for urine drug screen, electrodiagnostic studies, spine surgeon consultation, an ortho consultation, chiropractic care for the spine and the left shoulder and was not certified in the pre-authorization process on July 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines, May 2009 (Substance abu.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Criteria for use of opioids, page 78

Decision rationale: As outlined in the MTUS, the use of drug testing is an option when there is chronic long-term drug use. However, there must be clinical indication such as increased evidence of intoxication, drug diversion or illicit drug use. Seeing none, there is no clinical data presented to support the need for such an intervention. There is insufficient clinical data to establish the medical necessity of this request. The request is not medically necessary.

EMG of the 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, Low back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: As outlined in the ACOEM guidelines, there is support for such a intervention when there are clinical findings noted on MRI or that there is specific neurological dysfunction suggestive of a nerve root compromise. Based on the physical examination reported and by the diagnostic studies completed, there is insufficient clinical evidence presented to support the medical necessity of this request. Therefore the request is not medically necessary.

NCV of the 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, Low back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: As outlined in the ACOEM guidelines, there is support for such a intervention when there are clinical findings noted on MRI or that there is specific neurological dysfunction suggestive of a nerve root compromise. Based on the physical examination reported and by the diagnostic studies completed, there is insufficient clinical evidence presented to support the medical necessity of this request. Therefore the request is not medically necessary.

1 Spine surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, Independent Medical Examinations, Page 127

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered to date and the lack of any specific evidence of a surgical lesion or suggestion on physical

examination, there is insufficient medical evidence presented to establish the need for a consultation with a spine surgeon. Therefore, based on the limited clinical rationale presented, this is not medically necessary.

1 Ortho consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, Independent Medical Examinations, Page 127

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered to date and the lack of any specific evidence of a surgical lesion or suggestion on physical examination, there is insufficient medical evidence presented to establish the need for a consultation with a spine surgeon. Therefore, based on the limited clinical rationale presented, this is not medically necessary.

8 Chiropractic sessions for the lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127..

Decision rationale: CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement would be necessary prior to any additional intervention. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, 8 visits request exceeds the maximum visits allowed by treatment guidelines. As such, this request is not considered medically necessary.