

Case Number:	CM14-0133885		
Date Assigned:	08/25/2014	Date of Injury:	12/16/2013
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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 injured worker is a 15 year old male who reported an injury to his low back, neck, upper extremities, and lower extremities. No information was submitted regarding the initial injury. The utilization review dated 07/23/14 resulted in denials for electrodiagnostic studies of the upper extremities and lower extremities, chiropractic manipulation, physical therapy, continued use of Motrin, capsaicin gel, lumbar belt, and education class for injury prevention.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (Nerve Conduction Velocity) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic), Nerve Conduction Study (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request for electrodiagnostic studies is indicated for injured workers who have demonstrated significant neurological deficits. No information was submitted

regarding neurological involvement in the upper extremities. Therefore, this request is not indicated as medically necessary.

NCV (Nerve Conduction Velocity) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic), Nerve Conduction Study (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request for electrodiagnostic studies is indicated for injured workers who have demonstrated significant neurological deficits. No information was submitted regarding neurological involvement in the upper extremities. Therefore, this request is not indicated as medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic), Nerve Conduction Study (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for electrodiagnostic studies is indicated for injured workers who have demonstrated significant neurological deficits. No information was submitted regarding neurological involvement in the lower extremities. Therefore, this request is not indicated as medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic), Nerve Conduction Study (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for electrodiagnostic studies is indicated for injured workers who have demonstrated significant neurological deficits. No information was submitted

regarding neurological involvement in the lower extremities. Therefore, this request is not indicated as medically necessary.

Chiropractic evaluation, QTY1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for chiropractic evaluation is indicated for injured workers who have demonstrated significant functional deficits likely to benefit from chiropractic manipulation. No information was submitted regarding any functional deficits. Therefore, it is unclear if the injured worker would benefit from chiropractic treatment. As such, the request is not indicated.

Chiropractic treatment, QTY: 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for chiropractic therapy is indicated for injured workers who have demonstrated significant functional deficits likely to benefit from chiropractic manipulation. No information was submitted regarding any functional deficits. Therefore, it is unclear if the injured worker would benefit from chiropractic treatment. As such, the request is not indicated.

Physical therapy for the cervical spine, consisting of infrared, massage, ultrasound and therapeutic exercise, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical Medicine.

Decision rationale: The request for 12 sessions of physical therapy for the cervical spine is not indicated. Physical therapy is indicated for injured workers who have demonstrated significant functional deficits. No information was submitted regarding functional deficits in the cervical spine. Given this, the request is not indicated as medically necessary.

Motrin 800mg, QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Without information confirming the efficacy of the use of this medication, the request is not indicated.

Capsaicin gel 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Lumbar belt, QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports

Decision rationale: Lumbar belt is indicated for injured workers with sacroiliac joint involvement. No provocative testing results were submitted confirming sacroiliac joint involvement. Given this, the request is not indicated as medically necessary.

Injury prevention patient education class, QTY: 1: 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 - Lumbar and Thoracic (Acute and Chronic), Back Schools

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) IME and Consultations, Page 503

Decision rationale: It is unclear as to the reason safety education has not been provided within the clinical experiences to date. Therefore, this request is not indicated.