

Case Number:	CM14-0144776		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of March 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of manipulative therapy over the course of the claim. In a utilization review report dated August 19, 2014, the claims administrator approved a shoulder corticosteroid injection, denied a spinal curve analysis, denied a lateral flexion analysis, denied a forward bending analysis, denied an axis strength test, denied maintenance strength testing, and denied low-level vasotherapy. It appeared that the request in question represented retrospective denials of services rendered on June 21, 2012. The applicant's attorney subsequently appealed. The bulk of the information on file comprised largely of historical utilization review reports. In an April 10, 2014, consultation, the applicant was given diagnoses of gastroesophageal reflux disease, peptic ulcer disease, gastritis, and possible underlying irritable bowel syndrome. In a consultation dated May 21, 2014, the applicant reported ongoing complaints of neck pain, low back pain, hand pain, abdominal pain, and lower extremity paresthesias. The applicant was represented, it was acknowledged. In his comprehensive review of records, the consultant did refer to a June 21, 2014, initial orthopedic evaluation. The applicant apparently presented alleging neck pain, shoulder pain, mid back pain, and low back pain secondary to cumulative trauma at work. The applicant was asked to perform home exercises. Radiographs were obtained. The applicant was placed off of work. It was stated that the applicant had been terminated by his former employer. The remainder of the file was surveyed. The actual report of June 21, 2012, was not furnished, although, as noted

previously, the consultant did summarize these findings in his comprehensive review of records conducted on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal curve analysis completed between 6/21/2014 and 6/21/2014: 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), CPT Procedure Code Index

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Based on the description of services rendered on that date by a consultant on May 21, 2014, the request in question did represent a request for x-rays of the lumbar spine, apparently performed to evaluate for possible scoliosis. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, the routine usage of radiographs in the absence of red flag diagnoses is deemed "not recommended." In this case, there was no evidence that the applicant carried any red flag diagnoses on or around the date in question. There is no evidence that the applicant was intent on acting on the results of the lumbar spine x-ray in question. There is no evidence that the applicant went on to consider a surgical remedy, based on the outcome of the lumbar spine x-ray/spinal curve analysis in question. Therefore, the request was not medically necessary.

1 Lateral flexion completed between 6/21/2014 and 6/21/2014: 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), CPT Procedure Code Index

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: Based on subsequent descriptions of the services rendered on the date in question, June 21, 2012, it appears that the lateral flexion testing represented range of motion testing of the lumbar spine. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value," given the marked variation amongst the applicants with and without symptoms. As with the other request, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

1 Forward bending completed between 6/21/2014 and 6/21/2014: 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), CPT Procedure Code Index

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: Based on subsequent descriptions of the services rendered on June 21, 2012, the service in question represented a retrospective request for formal range of motion measurements of the lumbar spine. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. In this case, as with the other requests, the attending provider failed to furnish any compelling applicant-specific information which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

1 Axis strength test completed between 6/21/2014 and 6/21/2014: 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), CPT Procedure Code Index

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: Based on subsequent descriptions of the services rendered, the request in question represented a request for formal or computerized strength testing performed on June 21, 2012. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, neurologic screening which includes manual muscle strength testing is part and parcel in the attending provider's usual and customary neurologic evaluation. There is, by implication, no supporting ACOEM for more formal computerized means of measuring strength, such as the axis strength test in question. Therefore, the request was not medically necessary.

1 Manual strength test completed between 6/21/2014 and 6/21/2014: 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), CPT Procedure Code Index

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

Decision rationale: Based on subsequent descriptions of the services rendered on June 21, 2012, the article in question appears to represent a request for formal, computerized strength testing of the lumbar spine and/or lower extremities. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, muscle strength testing represents part and parcel

of the attending provider's usual and customary neurologic examination. There is, by implication, no supporting ACOEM for the computerized strength testing seemingly performed on date in question, June 21, 2012. As with the other request, the attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

1 Low level therapy completed between 6/21/2014 and 6/21/2014: 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), CPT Procedure Code Index

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Based on subsequent descriptions of the services rendered on the date in question, June 21, 2012, the article at issue represented a form of low-level laser therapy or cutaneous laser treatment. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, physical modalities such as "cutaneous laser treatment" have "no proven efficacy" in treating acute low back pain symptoms. As with the other request, the attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.