

Case Number:	CM14-0182206		
Date Assigned:	11/10/2014	Date of Injury:	08/03/2014
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This case involves an injured worker who sustained an industrial injury on 08/03/14. On 08/28/14 the orthopedic office note documented complaints of lower back pain radiating to the front of the groin and down the front of the leg. Treating physician stated that injured worker reported that on 08/02/14 he began feeling that his whole body was sore and hurting due to a lot of heavy work. Documented treatment to date has included x-rays, medications, modified duty, and physical therapy. Response to previous conservative treatment was not documented. Examination of the thoracolumbar spine revealed painful and limited range of motion. Examination of the hips, knees, ankles, and feet was normal. However, later in same note provider stated that there was left hip tenderness and limited range of motion as well as pain in the proximal quadriceps region. Lumbar x-rays showed evidence of degenerative disc disease and sacroiliac joint arthritis. Impression was strain of the right hip and right sacroiliac joint. Diagnosis was listed as lumbago. Treatment plan included completion of a single session of physical therapy followed by discharge. A handwritten office note on same date by another medical provider documented complaints of right sided low back pain radiating to the right thigh. The injured worker was noted to walk with a limp with tenderness anteriorly and posteriorly. The impression was right hip and right sacroiliac joint strain. Radiologist report for 08/06/14 x-rays of the sacroiliac joints stated that no radiographic abnormality was identified. Lumbar x-rays were interpreted as consistent with mild spondylosis and mild anterior wedge compression deformities of T11 and T12, likely chronic. Right hip x-rays showed minimal marginal osteophyte formation at the superior left of the acetabulum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (manual stimulation) x 4 visits, lumbar spine, right knee, and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA Acupuncture Medical Treatment Guidelines support a trial of 3-6 acupuncture visits for chronic pain. While acupuncture for the lumbar spine is supported by the submitted documentation, there are no documented subjective complaints or physical exam abnormalities which would support acupuncture treatments for the right knee or wrist in this case. Due to lack of documented symptoms or pathology in these body areas, medical necessity is not established for the requested acupuncture treatments. Therefore, this request is not medically necessary.

Shockwave therapy lumbar spine, wrists, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Knee & Leg Chapter, Shock wave therapy, Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: Official Disability Guidelines (ODG) does not recommend shockwave therapy for the low back, noting lack of evidence for effectiveness. ODG considers shockwave therapy to be under study for patellar tendinopathy or long-bone nonunion fractures. Neither of these conditions is documented. No pathology of the knee for which shockwave therapy would be considered an option is documented. ODG is silent concerning shockwave therapy for the wrist, but due to lack of documented subjective or objective wrist abnormalities medical necessity has not been established. Therefore, this request is not medically necessary.

Functional activities x 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Physical therapy

Decision rationale: Previous physical therapy is documented. The requested 8 additional therapy visits exceed MTUS recommendations and are not supported by documented functional

response to previous therapy. Medical necessity is not established for continued skilled therapy at this point in care, including 8 visits for functional activities. Therefore, based on guidelines and the medicals reviewed, this request is not medically necessary.

DME: Multi Stim unit w/supplies for 5 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The electrical modalities to be provided by the requested multi stim unit is not documented, and no rationale is documented which would support use of a multi stim unit, as opposed to a single type of electrical modality. MTUS does not recommend use of neuromuscular electrical stimulator (NMES) or galvanic stimulation for chronic pain. MTUS would support a one month trial of TENS, interferential stimulation, or H-wave stimulation under specific circumstances. However, if effectiveness is documented after a one month trial of use MTUS would recommend purchase of the unit. Medical necessity is not established for the requested 5 month rental of a multi-stim unit per MTUS criteria. Therefore, this request is not medically necessary.

DME: Aqua relief system unit, purchased: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Continuous-Flow Cryotherapy

Decision rationale: The Aqua Relief System is a hot/cold therapy system which pumps temperature-controlled water to wraps which go around the affected body area. MTUS is silent concerning this treatment. Official Disability Guidelines (ODG) recommends continuous-flow cryotherapy only for brief (up to 7 days) postoperative use and does not recommend this treatment for nonsurgical patients. Medical necessity is not established for the requested Aqua Relief System. Therefore, this request is not medically necessary.

MRI without contrast, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Chapter 12 (Low Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Table 12-8 (Summary of Recommendations and Evidence) recommends "CT or MRI when cauda equina syndrome, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." No objective evidence of radiculopathy or a red-flag condition is documented on physical exam, and there have been no previous electrodiagnostic studies. Medical necessity is not established for the requested lumbar MRI at this point in care. Therefore, this request is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MRIs (Magnetic Resonance Imaging)

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines, Chapter 13 (Knee Complaints) discussion of General Approach and Basic Principles states: "In the absence of red-flag signs or symptoms, evaluation and treatment can proceed in the acute phase for four to six weeks without performing special studies because the yield of treatment-altering findings is low and most patients' conditions improve within that period of time." Official Disability Guidelines (ODG) Knee & Leg Chapter recommends MRIs if initial x-rays are negative and internal derangement is suspected. However, there is no documented objective evidence to suggest knee internal derangement in this case. Medical necessity is not established for the requested knee MRI. Therefore, this request is not medically necessary.

MRI left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, MRIs (Magnetic Resonance Imaging)

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Chapter 11 (Forearm Wrist and Hand Complaints) states: "For most patients with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red-flag conditions are ruled out. Table 11-7 (Summary of Recommendations for Evaluating and Managing

Forearm, Wrist and Hand Complaints) recommends optional "Use of arthrography, MRI or CT scans prior to history and physical examination by a qualified specialist (D)". Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter recommends MRIs for chronic wrist pain if there is a suspicion of tumor or Kienbock's disease. Physical exam findings which suggest pathology of the wrist are not however documented. Medical necessity is not established for the requested left wrist MRI. Therefore, this request is not medically necessary.

EMG/NCV of bilateral upper & lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Chapter 11 (Forearm Wrist and Hand Complaints) Table 11-7, Summary of Recommendations and Evidence, recommends performance of nerve conduction velocities (NCVs) "...for median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment". In its discussion of carpal tunnel syndrome, Chapter 11 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." However, no objective findings per physical exam are documented which would suggest neurological dysfunction in the upper extremities. Medical necessity is not established for the requested upper extremity electrodiagnostic studies. Therefore, this request is not medically necessary.