MAXIMUS Federal Services

Case Number:	CM14-0024687		
Date Assigned:	06/11/2014	Date of Injury:	12/30/2013
Decision Date:	09/09/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 55-year-old female who reported an injury on 12/30/2013 due to falling down the stairs. On 01/17/2014, the injured worker presented with complaints of right ankle pain due to a broken ankle and neck pain. Upon examination, the injured worker had reduced range of motion and positive orthopedic testing to the cervical spine and lumbar spine, bilateral knee, and right ankle. Manual muscle test revealed weakness of the upper and lower extremities. The diagnoses were lumbar sprain/strain, shoulder sprain/strain, and sprain/strain of the knee and leg. Prior treatment included medications. The provider recommended a multi-stim unit, electromyography, nerve conduction study, an MRI of the bilateral shoulders and left knee, urinalysis, DNA testing, and acupuncture. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF A MULTI STIMULATION UNIT FOR FIVE MONTHS: 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 Criteria for use of TENs Page(s): 116.

Decision rationale: The request for rental of a multi stimulation unit for 5 months is not medically necessary. The California MTUS Guidelines do not recommend a stimulation unit as a primary treatment modality. A 1 month home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care was not provided. It was unclear how the stimulation unit would provide the injured worker with functional restoration. There was no evidence that the injured worker underwent an adequate multi stimulator unit trial. In the provider's request it does not indicate the site at which the multi stimulation unit was indicated for. As such, the request is not medically necessary.

OUTPATIENT ELECTROMYOGRAPHY TEST: 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): 303-305.

Decision rationale: The request for outpatient electromyography test is not medically necessary. The California MTUS Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. There was lack of significant objective examination findings to support possible pathology to warrant an EMG. Additionally, the provider's request does not indicate what site the electromyography was intended for. The provider stated that there was positive provocative testing to the lumbar and cervical; however, the type of testing that was initiated was not specifically stated. As such, the request is not medically necessary.

OUTPATIENT NERVE CONDUCTION VELOCITY (NCV) TEST: 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, Pain.

Decision rationale: The request for outpatient nerve conduction velocity test is not medically necessary. The California MTUS Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. There was lack of significant objective examination findings to support possible pathology to warrant a nerve conduction velocity. Additionally, the provider's request does not indicate what site the electromyography was intended for. The provider stated that

there was positive provocative testing to the lumbar and cervical; however, the type of testing that was initiated was not specifically stated. As such, the request is not medically necessary.

OUTPATIENT MRI FOR BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for outpatient MRI for the bilateral shoulders is not medically necessary. The California MTUS/ACOEM Guidelines state that the primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to invasive procedure. There also must be evidence of a failure to respond to conservative care treatments for a 4 to 6 weeks period. The included documentation states that the injured worker has had bilateral shoulder MRI done on 03/01/2014. The provider's request does not indicate whether it is a retrospective request for the MRI or a request for future MRI for the bilateral shoulders. Additionally, there is lack of documentation of the injured worker's failure of conservative treatment to include physical therapy and medications. There is no evidence of a red flag or physiologic evidence of a tissue insult. As such, the request is not medically necessary.

OUTPATIENT MRI FOR THE LEFT 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 rationale: The request for outpatient MRI for the left knee is not medically necessary. The ACOEM/California MTUS states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation fails. The criteria for special studies include joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibula head or patella, the inability to walk or bear weight immediately or within a week of trauma, and the inability to flex the knee to 90 degrees. The included medical documentation lacked evidence of failed conservative care to include physical methods and medications. An adequate examination of the injured worker was not provided detailing current deficits of the left knee to warrant MRI study. The provider's request does not indicate whether the MRI for the left knee was a retrospective request or a request for future MRI, the injured worker has already had MRI of the left knee dated 02/03/2014. As such, the request is not medically necessary.

OUTPATIENT URINALYSIS: 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 Urine Drug Test Page(s): 43.

Decision rationale: The request for outpatient urinalysis is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screening was performed and there is no evidence of opioid use. As such, the request is not medically necessary.

OUTPATIENT DEOXYRIBONUCLEIC ACID (DNA) TESTING: 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), Pain, Cytokine DNA testing.

Decision rationale: The request for an outpatient deoxyribonucleic acid (DNA) testing is not medically necessary. The Official Disability Guidelines do not recommend DNA testing. There is no current evidence to support the use of DNA testing for diagnosis of pain, including chronic pain. The provider's rationale was not provided and there is lack of exceptional factors provided in the documentation submitted to support approving outside of the guideline recommendations. As such, the request is not medically necessary.

OUTPATIENT ACUPUNCTURE SIX SESSIONS FOR THE LUMBAR SPINE, LEFT ANKLE, BILATERAL SHOULDER, AND LEFT KNEE: 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: The request for outpatient acupuncture six sessions for the lumbar spine, left ankle, bilateral shoulder, and left knee is not medically necessary. The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend 3 to 6 acupuncture visits to produce functional improvement within 1 to 3 times a week for an optimum duration of 1 to 2 months. There was lack of documentation provided on if this is the initial request for acupuncture

treatment, or if the injured worker has had previous acupuncture treatments and the efficacy of the previous treatments. Additionally, the provider's request does not indicate the frequency of the requested acupuncture sessions. As such, the request is not medically necessary.