Case Number:	CM14-0150214		
Date Assigned:	01/22/2015	Date of Injury:	02/18/2014
Decision Date:	03/31/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 02/17/2014. The injured worker reportedly suffered an injury while moving shopping carts in the parking lot. The current diagnoses include right lumbar radiculopathy, right cervical radiculopathy, and right hip pain. The injured worker presented on 08/12/2014 with complaints of persistent pain over multiple areas of the body. Upon examination, there was decreased cervical and lumbar range of motion in all planes. Recommendations at that time included an ARS unit, an interferential unit, and a solar heating system, shockwave therapy for the bilateral shoulders, an orthopedic referral, a pain management referral, and MRI, and a prescription for Norco 10/325 mg. A Request for Authorization form was then submitted on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit with Electrodes and Batteries (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatment. There should be evidence that pain has been ineffectively controlled due to the diminished effectiveness of medication or side effects, a history of substance abuse, or significant pain from postoperative condition. According to the documentation provided, there is no documentation of a failure to respond to conservative treatment. There is also no documentation of a significant musculoskeletal deficit upon examination. Guidelines recommend a 1-month trial prior to a unit purchase. Given the above, the request is not medically appropriate at this time.

ARS Hot/Cold (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state at home local applications of heat or cold are as effective as those performed by a therapist. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was no mention of a contraindication to at home local applications of heat or cold as opposed to a motorized mechanical device. Given the above, the request is not medically appropriate.

ARS Pad/wrap (purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LSO back support (purchase): Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of a significant musculoskeletal deficit upon examination. The medical necessity for an LSO back support brace has not been established in this case. Therefore, the request is not medically appropriate.

Shockwave Therapy (3 times a week for 2 weeks for the bilateral shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is medium quality evidence to support manual therapy, ultrasound, and high-energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. According to the documentation provided, there was no physical examination of the bilateral shoulders provided. There is no evidence of a significant musculoskeletal deficit. Additionally, the injured worker does not maintain a diagnosis of calcifying tendinitis. Given the above, the request is not medically appropriate.

Podiatrist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There is no mention of an attempt at any conservative treatment prior to the request for a specialty referral. It is unclear how the injured worker would benefit from the requested referral. Given the above, the request is not medically appropriate at this time.

General Surgeon Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There is no mention of an attempt at any conservative treatment prior to the request for a specialty referral. It is unclear how the injured worker would benefit from the requested referral. Given the above, the request is not medically appropriate at this time.

Radiological Studies of the Cervical 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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most injured workers presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There is no mention of an attempt at any recent conservative treatment. Given the above, the request is not medically appropriate.

Radiological Studies of the Thoracic 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): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious pathology. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultation the selection of an imaging test. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There is also no mention of an attempt at any recent conservative treatment. Given the above, the request is not medically appropriate.

Radiological Studies of the 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): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious pathology. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultation the selection of an imaging test. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There is also no mention of an attempt at any recent conservative treatment. Given the above, the request is not medically appropriate.

Radiological Studies of the Right Shoulder: 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: California MTUS/ACOEM Practice Guidelines state for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There was no documentation of an attempt any conservative treatment for the bilateral shoulders. There was no comprehensive physical examination of the bilateral shoulders provided. Given the above, the request is not medically appropriate at this time.

Radiological Studies of the Left Shoulder: 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: California MTUS/ACOEM Practice Guidelines state for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There was no documentation of an attempt any conservative treatment for the bilateral shoulders. There was no comprehensive physical examination of the bilateral shoulders provided. Given the above, the request is not medically appropriate at this time.

Acupuncture (once a week for 6-8 weeks for the cervical spine, thoracic spine, lumbar spine and bilateral shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for acupuncture once per week for 6 to 8 weeks exceeds guideline recommendations. There was also no documentation of a significant musculoskeletal deficit. Given the above, the request is not medically appropriate.

FCE (Functional Capacity Evaluation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); (Functional Capacity Evaluation) FCE Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management has been hampered by complex issues and the timing is appropriate. The injured worker presented with complaints of persistent pain over multiple areas of the body. There is no mention of an attempt at any conservative treatment. There is no indication that the injured worker is close to reaching or has reached maximum medical improvement. There is also no documentation of any previous unsuccessful return to work attempts. Given the above, the request is not medically appropriate.

Neurologist for an EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms lasting more than 3 to 4 weeks. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There

is no mention of an attempt at any conservative treatment. Given the above, the request not medically appropriate.