

Case Number:	CM14-0196963		
Date Assigned:	12/05/2014	Date of Injury:	05/19/2014
Decision Date:	01/22/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 low back pain reportedly associated with an industrial injury of May 19, 2014. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve request for an orthopedic consultation, a TENS-EMS dual stimulator with supplies, lumbar spine x-rays, wrist x-rays, and lumbar support. The claims administrator cited an October 10, 2014 office visit in its denial. In said October 10, 2014 office visit, the applicant reported ongoing complaints of headaches, wrist pain, back pain, and lower extremity pain reportedly associated with an industrial contusion injury. The applicant was not working for his former employer, it was stated. The applicant had reportedly complaints of headaches, wrist pain, and back pain, it was stated in another section of the note. The applicant did not have any significant comorbidities and not had any prior surgeries. A prime dual stimulator TENS-EMS device, back brace, x-rays of the lumbar spine and wrist, and regular duty work were sought. The applicant did exhibit 5/5 upper and lower extremity strength. The applicant exhibited tenderness about the lumbar paraspinal musculature and tenderness about the lateral wrist. The applicant did not have any bruising, swelling, or atrophy present about the wrist. Full range of motion about the wrist was also appreciated. An orthopedic referral was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 270, 306.

Decision rationale: The primary pain generators here are the low back and left wrist. However, the MTUS Guideline in ACOEM Chapter 12, page 306 notes that applicants with low back pain alone, without significant findings of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. In this case, the applicant's well-preserved lower extremity motor function and seeming lack of focal neurologic deficits implies that the applicant is not a candidate for any kind of surgical intervention involving the lumbar spine. Similarly, the MTUS Guideline in ACOEM Chapter 11, page 270 further notes that surgery consideration depends on the confirmed diagnosis of the presenting hand or wrist complaint. In this case, the applicant was given diagnoses of contusions/sprains of low back and left wrist. These are not conditions which are amenable to surgical correction or, by implication, the orthopedic consultation being sought here. Therefore, the request is not medically necessary.

TENS/EMS unit with supplies times 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: One of the modalities in the device, electrical muscle stimulation (EMS), is a variant of neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the post stroke rehabilitative context. NMES, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. Since one or modalities in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.

X-Ray of lumbar spine and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 268, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 272, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of plain film radiography for evaluation of the forearm, hand, and wrist is "not recommended." In this case, the applicant was described as possessed of well-

preserved range of motion about the injured wrist, with no visible swelling, bruising, or atrophy. It does not that the applicant has red-flag diagnoses such as a fracture of the wrist which would warrant the plain film imaging of the wrist at issue. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also takes the position that the routine usage of radiographs of the lumbar spine for evaluation purposes in the absence of red-flag symptoms is "not recommended." In this case, as with the request for x-rays of the wrist, there was no mention of the applicant's carrying any red-flag diagnoses pertaining to the lumbar spine. There was no mention of the applicant's having a suspected fracture involving the lumbar spine. Rather, the applicant's well-preserved lower extremity motor function and paraspinal tenderness (as opposed to central tenderness) argued against the presence of any red-flag diagnoses involving the lumbar spine which would warrant plain film radiography of the same. The attending provider did not, furthermore, clearly state what was sought and/or what was suspected via the proposed x-rays of the lumbar spine and wrist. Therefore, the request is not medically necessary.

Chiropractic care 2 times 4 to the left arm and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of chiropractic manipulative therapy is "four to six treatments." The request, thus, as written, represents treatment in excess of MTUS parameters. It is further noted that the applicant's current treating provider, a chiropractor, did not clearly outline how much prior manipulative therapy the applicant had or had not had over the course of the claim. Therefore, the request is not medically necessary.

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. In this case, the applicant was/is well outside of the acute phase of symptom relief as of the date the lumbar support was requested, on October 10, 2014. Introduction of a lumbar support is not indicated at this stage in the course of the claim. Therefore, the request is not medically necessary.