

Case Number:	CM14-0216260		
Date Assigned:	01/06/2015	Date of Injury:	12/04/2013
Decision Date:	03/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old female who was injured at work on 12/04/2013. An August 26, 2014 progress report stated the injured worker complained of severe dull, achy pain, and numbness that radiates to the bilateral lower extremities. The symptoms are worsened by activities, but improve with medications. The physical examination revealed limited range of motion of the Lumbar spine, tenderness to palpation of bilateral SI joints, Muscle bilateral gluteus and lumbar paravertebral muscles. Positive Kemp's test and sitting straight leg raise. The worker has been diagnosed of Lumbar Radiculopathy, Lumbar Sprain/Strain. Treatments have included physical therapy, chiropractic care, TENs unit, Norco, Gabapentin, Cyclobenzaprine. The utilization reviewer non-certified the requests for Physical therapy 12 sessions, 3 times a week for 4 weeks, for the lumbar spine; MRI of the lumbar spine; Acupuncture 8 sessions, 2 times a week for 4 weeks, for the lumbar spine; NCV (nerve conduction velocities) bilateral lower extremities; NCV (nerve conduction velocities) bilateral upper extremities; for FCE (functional capacity evaluation) due to lack of recent information regarding the history, physical findings, treatment and outcome of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions, 3 times a week for 4 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 12/04/2013. The medical records provided indicate the diagnosis of Lumbar Radiculopathy, Lumbar Sprain/Strain. Treatments have included physical therapy, chiropractic care, TENs unit, Norco, Gabapentin, and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for Physical therapy 12 sessions, 3 times a week for 4 weeks, for the lumbar spine. According to the Utilization review reports, the injured worker has had prior treatment with Physical therapy, but there was no documentation of when and the number of sessions. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Therefore, the requested treatment is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: The injured worker sustained a work related injury on 12/04/2013. The medical records provided indicate the diagnosis of Lumbar Radiculopathy, Lumbar Sprain/Strain. Treatments have included physical therapy, chiropractic care, TENs unit, Norco, Gabapentin, and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for MRI of the lumbar spine. The duration of injury and findings suggestive of radiculopathy justify Lumbar MRI in this injured worker. However, the records provided did not include information explaining whether the injured worker has had an MRI since the injury. Therefore, the requested test is not medically necessary and appropriate.

Acupuncture 8 sessions, 2 times a week for 4 weeks, for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 12/04/2013. The medical records provided indicate the diagnosis of Lumbar Radiculopathy, Lumbar Sprain/Strain. Treatments have included physical therapy, chiropractic care, TENs unit, Norco, Gabapentin, and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for Acupuncture 8 sessions, 2 times a week for 4 weeks, for the lumbar spine.

The MTUS recommends a time to produce functional improvement of 3 to 6 treatments; to extend acupuncture treatments if functional improvement is documented. The requested treatment exceeds the guideline recommendation; therefore, the request is not medically necessary and appropriate.

NCV (nerve conduction velocities) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308-309. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 12/04/2013. The medical records provided indicate the diagnosis of Lumbar Radiculopathy, Lumbar Sprain/Strain. Treatments have included physical therapy, chiropractic care, TENs unit, Norco, Gabapentin, and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for NCV (nerve conduction velocities) bilateral upper extremities. The MTUS does not recommend NCV (Nerve Conduction Studies) for disorders of the low back. The requested test is not medically necessary and appropriate.

NCV (nerve conduction velocities) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

Decision rationale: The injured worker sustained a work related injury on 12/04/2013. The medical records provided indicate the diagnosis of Lumbar Radiculopathy, Lumbar Sprain/Strain. Treatments have included physical therapy, chiropractic care, TENs unit, Norco, Gabapentin, Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for NCV (nerve conduction velocities) bilateral upper extremities. The MTUS does not recommend NCV (Nerve Conduction Studies) for disorders of the low back. The requested test is not medically necessary and appropriate.

FCE (functional capacity evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluations

Decision rationale: The injured worker sustained a work related injury on 12/04/2013. The medical records provided indicate the diagnosis of Lumbar Radiculopathy, Lumbar Sprain/Strain. Treatments have included physical therapy, chiropractic care, TENs unit, Norco, Gabapentin, and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for FCE (functional capacity evaluation). The MTUS has limited information on this. The indications for FCE in the Official Disability Guidelines include 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities, and 2) Timing is appropriate: Close or at MMI/all key medical reports secured and Additional/secondary conditions clarified. The request is not medically necessary and appropriate.