

Case Number:	CM15-0006415		
Date Assigned:	01/26/2015	Date of Injury:	10/31/2014
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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 25-year-old male who reported an injury on 10/31/2014. The mechanism of injury was due to lifting and moving pallets. His relevant diagnoses included typical sprain/strain, thoracic spine sprain/strain, lumbosacral sprain/strain, cervical radiculitis, lumbosacral radiculitis, left shoulder tendinitis, left shoulder impingement syndrome, and chronic left shoulder overuse syndrome. His past treatments included medication, rest and modified work activity. On 01/21/2015, the injured worker complained of neck pain, back pain, left shoulder pain, left arm pain and left wrist/hand pain. Physical examination was not provided for review. Medications were noted to include cyclobenzaprine 7.5 mg and Motrin 600 mg. The treatment plan included One lumbosacral brace, Decision for One functional capacity evaluation, One hot/cold unit, One interferential unit, One set of cervical spine x-rays, One set of lumbar spine x-rays. A rationale was not provided for review. A request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbosacral brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, lumbar supports

Decision rationale: The request for One lumbosacral brace is not medically necessary. According to the California MTUS/ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, the Official Disability Guidelines indicate that lumbar supports are not recommended for prevention as there is lack of evidence of effectiveness in preventing neck and back pain. However, they may be recommended as an option for compression fractures and for specific treatment of spondylolisthesis and documented instability. The injured worker was indicated to have chronic neck and back pain. However, there was lack of documentation to indicate medical necessity for the treatment of a compression fracture, spondylolisthesis, or documented instability. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, the guidelines do not support the use of a lumbosacral brace for the prevention of neck and back pain. As such, the request is not medically necessary.

One functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening, work conditioning Page(s): 125.

Decision rationale: The request for One functional capacity evaluation is not medically necessary. According to the California MTUS Guidelines, a functional capacity evaluation would be required for admission to the work hardening program to indicate results of maximal effort, demonstration of capacity for employer's required physical demand analysis. Furthermore, the guidelines indicate that it is used when work with muscular conditions of functional limitations preclude ability to simply achieve current job demands which are in the medium or high demand levels. There was lack of documentation indicating the injured worker was entering or recommended for the work hardening program. There was also lack of documentation indicating the medical necessity to demonstrate the injured worker's functional limitations precluding ability to safely achieve current job demands, to show results of maximal effort or to demonstrate capacity below the employer's provided physical demand analysis. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

One hot/cold unit: 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) Shoulder, Continuous flow cryotherapy

Decision rationale: The request for One hot/cold unit is not medically necessary. According to the Official Disability Guidelines, continuous flow cryotherapy units are recommended as an option after surgery, postoperatively, for up to 7 days to include home use. The injured worker was indicated to have chronic neck, back, arm, wrist, and elbow pain. However, there was lack of documentation to indicate the injured worker was undergoing a surgical shoulder procedure to indicate medical necessity for postoperative use. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

One interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The request for One interferential unit is not medically necessary. According to the California MTUS Guidelines, interferential current stimulation units are not recommended as an isolated intervention. However, they may be used in conjunction with recommended treatments including return to work, exercise and medications. Furthermore, the guideline requirement for an interferential stimulation unit include patient's whose pain has been effectively been controlled due to diminished effectiveness of medications or the side effects. There should also be documented history of substance abuse or significant pain from postoperative conditions that limit the ability to perform exercise programs or physical therapy treatments. Furthermore, there should be documented unresponsiveness to conservative measures. The injured worker was indicated to have chronic neck, back, wrist, elbow, and arm pain. However, there was lack of documentation to indicate the injured worker's pain was ineffectively controlled due to the diminished effectiveness of medications, side effects, had a history of substance abuse, had significant pain from a postoperative condition that limited the ability to perform exercise programs or physical therapy treatments, and had lack of documentation to indicate the injured worker was unresponsive to conservative treatments. Furthermore, there was lack of evidence that the inferential current stimulation unit will be used in conjunction with recommend treatments to include returning to work, exercise and medications. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

One set of cervical spine x-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179.

Decision rationale: The request for One set of cervical spine x-rays is not medically necessary. According to the California MTUS/ACOEM Guidelines, patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Imaging may be warranted for findings of physiologic evidence of tissue insult or neurologic dysfunction on examination. The injured worker was indicated to have neck pain, back pain, wrist, elbow, and arm pain. However, there was lack of documentation to indicate the injured worker had undergone a 3 to 4 week period of conservative care and observation that failed to improve symptoms. In addition, there was lack of documentation to indicate the injured worker had unequivocal findings identifying specific nerve compromise and neurologic examination. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

One set of lumbar spine x-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for One set of lumbar spine x-rays is not medically necessary. According to the California MTUS/ACOEM Guidelines, lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. It may be warranted with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment and who would consider surgery an option. The injured worker was indicated to have neck pain, back pain, wrist, elbow, and arm pain. However, there was lack of documentation to indicate the injured worker had low back pain. Furthermore, there was lack of documentation to indicate the injured worker had unequivocal findings of specific nerve compromise and neurologic examination, did not respond to treatment or consider surgery as an option. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.