MAXIMUS Federal Services

Case Number:	CM15-0114546		
Date Assigned:	06/22/2015	Date of Injury:	11/21/2003
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male patient who sustained an industrial injury on 11/21/2003. The accident was described as while working for an airline company performing regular duty overtime he suffered cumulative trauma and subsequently lower back injury. The impression found the patient with discogenic lumbar condition, facet inflammation and intermittent radiculopathy. The patient is not deemed permanent and stationary he has had a recent flare up and is in need of additional treatment. A recent follow up visit dated 04/28/2015 reported subjective complaint of with intermittent back pain radiating down bilateral legs. He is also with sleep difficulty as the pain awakens him from sleep. He also feels symptoms of depression, sexual dysfunction and loss of concentration. In addition he has complaint of gastric upset that also awakens him from sleep. H states taking muscle relaxers, and anti-inflammatory medications. At this time a recommendation to undergo a magnetic resonance imaging study, electric nerve conduction study, utilize a brace, hot/cold wrap, and a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in November 2003 and continues to be treated for intermittent radiating low back pain. When seen, he was able to bend and squat. He was not having any bowel or bladder incontinence. There was lumbar paraspinal muscle and facet joint tenderness. Facet loading was positive. Milgram testing was positive. The assessment references the claimant as not wanting to participate in either are practically work physical therapy treatments indicating that they can aggravate his condition. Prior testing has included an MRI of the lumbar spine in 2010. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. The requested MRI is not medically necessary.

EMG/NCV- bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2003 and continues to be treated for intermittent radiating low back pain. When seen, he was able to bend and squat. He was not having any bowel or bladder incontinence. There was lumbar paraspinal muscle and facet joint tenderness. Facet loading was positive. Milgram testing was positive. The assessment references the claimant as not wanting to participate in either are practically work physical therapy treatments indicating that they can aggravate his condition. Prior testing has included an MRI of the lumbar spine in 2010. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. This request is not medically necessary.

Gym membership for aqua therapy: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2003 and continues to be treated for intermittent radiating low back pain. When seen, he was able to bend and squat. He was not having any bowel or bladder incontinence. There was lumbar paraspinal muscle and facet joint tenderness. Facet loading was positive. Milgram testing was positive. The assessment references the claimant as not wanting to participate in either are practically work physical therapy treatments indicating that they can aggravate his condition. Prior testing has included an MRI of the lumbar spine in 2010. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program and the claimant has declined additional therapy assessment and treatment. The requested gym membership is not medically necessary.