

Case Number:	CM15-0161277		
Date Assigned:	10/09/2015	Date of Injury:	08/08/2003
Decision Date:	12/11/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/18/2015

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

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 72 year old female who sustained an industrial injury on August 08, 2003. A primary treating office visit dated July 17, 2015 reported the following diagnoses applied to this visit: cervical sprain and strain, neck; thoracic strain and sprain; lumbar strain and sprain, and depression major not specified. Current symptoms listed: lumbar pain radiating down bilateral lower extremities, left side greater; left hip pain, neck pain and depression. Current medications listed: Tylenol ES, Ibuprofen, Omeprazole, Lidocaine patches, Lidoderm patches. The plan of care is with recommendation for: anti-inflammatory medication for symptom control; continue home exercise program, and medication regimen; message therapy, aquatic therapy; MRI of cervical spine, electrodiagnostic testing and nerve conduction study of all extremities, neurologic consultation and follow up visit. She did undergo nerve conduction study August 2015 revealing abnormal study with evidence most consistent with a lumbar radiculopathy, left side. Previous MRI of lumbar spine noted performed April 19, 2011. On July 17, 2015 a request was made for MRI of cervical spine, nerve conduction study of all extremities, and a back support that were noncertified by Utilization Review on July 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Support: 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).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Back Support is not medically necessary.

EMG/NCV LE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. EMG/NCV LE is not medically necessary.

Massage x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: According to the MTUS, massage therapy can be recommended as an option when limited to 4-6 visits and as an adjunct to other recommended treatments, specifically, an exercise regimen. The short-term benefits of massage therapy are likely due to the fact that massage does not address the underlying causes of pain. There is no documentation that the patient is participating in an exercise program as required by the MTUS. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Massage x 12 is not medically necessary.

Aquatic Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The request is for greater than the number of visits necessary to determine treatment efficacy and there is no documentation of objective functional improvement. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Aquatic Therapy x 12 is not medically necessary.