

Case Number:	CM15-0173778		
Date Assigned:	10/02/2015	Date of Injury:	08/07/2014
Decision Date:	12/11/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/03/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 29 year old male injured worker suffered an industrial injury on 8-7-2014. The diagnoses included lumbar myospasms, radiculopathy, and strain-sprain. On 7-17-2015, the treating provider reported the lumbar pain was rated 6 out of 10 radiating to the right leg. On exam there was reduced range of motion with tenderness along with muscle spasms. The Nachlas, Milgrams and Kemps testing were positive. Prior treatment included percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots with lumbar facet blocks 4-14-2015 and 4-28-2015, medication, physical therapy, acupuncture. The medical record was not clear as to how many sessions of acupuncture or physical therapy along with no clear evidence of the outcomes from therapy. Diagnostics included cervical and lumbar magnetic resonance imaging 12-5-2014 and electromyography studies 11-2014 revealing marked cervical radiculopathy and very severe C8 radiculopathy along with moderate lumba L3 and severe S1, S2 radiculopathy. Request for Authorization date was 7-17-2015. The Utilization Review on 8-7-2015 determined non-certification for 6 Refer to LINT (Localized Intense Neurostimulation Therapy) 1 time per week for 6 weeks for the lumbar spine, 1 Refer to Orthopedic Surgeon (Consultation) for lumbar spine, 1 Refer to Urine Analysis Testing (Urine Drug Screen), 6 Acupuncture 1 time a week for 6 weeks for the lumbar spine, 6 Chiropractic 1 time a week for 6 weeks for the lumbar spine, and 6 Physio Therapy 1 time a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Refer to LINT (Localized Intense Neurostimulation Therapy) 1 time per week for 6 weeks for the lumbar spine: 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), Low Back - Lumbar & Thoracic (Acute & Chronic): Hyperstimulation analgesia.

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

Decision rationale: Per ACOEM page 300: "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." The request for neurostimulation therapy is not medically necessary. Per ACOEM, insufficient evidence exists to support these treatments. Alternative treatments are more appropriate.

1 Refer to Orthopedic Surgeon (Consultation) for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: California MTUS does not specifically address the requested consult. ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This patient has ongoing back pain that has been poorly responsive to treatments to date. ACOEM supports

referral for diagnosis and management. Further evaluation of the patient's back pain with an orthopedic specialist may facilitate return to work. Therefore, the request is medically necessary.

1 Refer to Urine Analysis Testing (Urine Drug Screen): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: This patient has a diagnosis of chronic pain. The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain supports urine drug screens. It is stated on page 156: Recommendation: Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain. Routine use of urine drug screening for patients on chronic opioids is recommended, as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. MTUS Chronic pain, Opioids page 78 recommends: "(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." And on page 94 of the MTUS Chronic pain, Opioids: "The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: c) Frequent random urine toxicology screens." This patient is on pain medication and is likely to be taking pain medication for some time. His pain is likely to persist. ACOEM supports urine drug screen in this setting. Therefore, the request is medically necessary.

6 Acupuncture 1 time a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS supports up to six visits for acupuncture: (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months In this case, the patient has already received acupuncture treatments but the records do not document the number of treatments received or the effectiveness of these treatments. Additional treatments are not warranted in the absence of this information. Therefore, the request is not medically necessary.

6 Chiropractic 1 time a week for 6 weeks for the lumbar spine: Overturned

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

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

Decision rationale: Per MTUS, page 299: A trial of manipulation for patients with radiculopathy may also be an option. There is consensus on its utility among practitioners who perform it, when radiculopathy is not progressive, and large series and cohort studies suggest value for some forms of manipulation. ACOEM supports manipulation for the management of back pain. The request for six visits is consistent with the ACOEM guidelines. The patient does not have progressive radiculopathy, and chiropractor manipulation is likely to be effective. Therefore, the request is medically necessary.

6 Physio Therapy 1 time a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: MTUS supports therapy as a treatment for back pain. In this case, however, the patient has already had therapy but the number of sessions and the response to treatment are not documented. Additional therapy is not medically necessary in the absence of information regarding the efficacy of the previous treatments.