MAXIMUS Federal Services

Case Number:	CM15-0173951		
Date Assigned:	09/15/2015	Date of Injury:	09/20/2011
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
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: California
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 male who sustained an industrial injury on 9-20-11 when he was burned over 17% of his body. Diagnoses include insomnia; thoracic, lumbar neuritis, radiculopathy; sacroiliac sprain, strain; lumbosacral sprain, strain. He currently (8-10-15) complains of constant, stabbing low back pain that radiates to the right lower extremity and is associated with numbness and tingling. His pain level was 8-9 out of 10. On physical exam of the lumbar spine there was decreased range of motion with pain, tenderness and spasms, Kemps bilaterally caused pain, Braggard was positive on the right for radiating pain. Treatments to date include medications: Oxycodone, Ambien, Gabapentin; chiropractic treatments with benefit; physical therapy with benefit. On 8-19-15 utilization review evaluated and non-certified the requests for one voltage actuated sensory nerve conduction threshold for the lower extremities based on guidelines not supporting its use for low back conditions and it was unclear why bilateral studies were requested as the injured worker had objective findings of the (per 8-10-15 right lower extremity) left lower extremity; 8 chiropractic treatments for the lumbar spine based on number of visits requested exceed the guideline recommendation of a trial of 6 visits and there was lack of evidence that this treatment modality was being provided to gain functional improvement to facilitate progression in the therapeutic exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Voltage actuated sensory nerve conduction threshold for the lower extremities: 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 (updated 7/17/15) Nerve conduction studies (NCS).

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 chapter under Nerve conduction studies (NCS) and Other Medical Treatment Guidelines www.aetna.com/cpb/medical/data/300_399/0357.html.

Decision rationale: Based on the 8/10/15 progress report provided by the treating physician, this patient presents with low back pain that is rated 8-9/10 on VAS scale, radiating to the right lower extremity and associated with numbness/tingling. The treater has asked for One Voltage actuated sensory nerve conduction threshold for the lower extremities but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has a history of hypertension per 8/11/15 report. The patient has insomnia stemming from a burn injury per 8/11/15 report. The patient is currently taking Oxycodone, Ambien, Gabapentin, and Atenolol per 8/11/15 report. The patient's prior chiropractic and physical therapy treatments have helped but functionally and subjectively per patient according to 8/11/15 report. The patient's work status is temporarily totally disabled per 8/10/15 report. ODG, Low Back chapter under Nerve conduction studies (NCS) states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. ODG for Electro diagnostic studies states: NCS, which are not recommended for low back conditions, and EMGs, which are recommended as an option for low back. www.aetna.com/cpb/medical/data/300_399/0357.html, AETNA guidelines has the following: Aetna considers quantitative sensory testing (QST), also known as pressure-specified sensory device testing, experimental and investigational for the detection of hyperalgesia in chronic pain individuals on long-term opioids, the evaluation of carpal tunnel syndrome/musculoskeletal pain, the management of individuals with neuropathy, prediction of the response to opioid treatment, or any other diagnoses because its diagnostic value has not been established. The Utilization review letter dated 8/19/15 denies request as the request is for bilateral lower extremities, but physical exam findings are stated to be only in the left extremity. In this case, the treater is requesting NCT studies of the bilateral lower extremities, but the request is not discussed in provided reports. On physical exam dated 8/10/15, there was decreased range of motion of lumbar spine with pain, tenderness and spasms, Kemps bilaterally caused pain, Braggard was positive on the right for radiating pain. In this case, the patient has radicular symptoms into the right lower extremity with numbness/tingling. There is no evidence of prior NCT of lower extremities per review of reports. However, qualitative sensory testing (QST) is considered experimental and is not supported by AETNA. ODG guidelines do not support NCT studies to address radiating leg symptoms when these are presumed to be coming from the spine. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCT studies. Therefore, the request is not medically necessary.

Eight (8) chiropractic treatments for the lumbar spine: 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): Manual therapy & manipulation.

Decision rationale: Based on the 8/10/15 progress report provided by the treating physician, this patient presents with low back pain that is rated 8-9/10 on VAS scale, radiating to the right lower extremity and associated with numbness/tingling. The treater has asked for Eight (8) chiropractic treatments for the lumbar spine on 8/11/15. The request for authorization was not included in provided reports. The patient has a history of hypertension per 8/11/15 report. The patient has insomnia stemming from a burn injury per 8/11/15 report. The patient is currently taking Oxycodone, Ambien, Gabapentin, and Atenolol per 8/11/15 report. The patient's prior chiropractic and physical therapy treatments have helped but functionally and subjectively per patient according to 8/11/15 report. The patient's work status is temporarily totally disabled per 8/10/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The treater does not discuss this request in the reports provided. Per 8/11/15 report, the treater is requesting chiropractic treatments. Utilization review letter dated 8/19/15 denies request due to lack of treatment history. In this case, prior chiropractic treatments have been effective but it is unknown how many sessions the patient has had previously. MTUS guidelines recommend a trial of 6 visits and up to 18 visits over 6-8 weeks with evidence of functional improvement. The patient has not returned to work at this time, and there is insufficient documentation of functional improvement from prior chiropractic treatments. The current request for 8 chiropractic treatments exceeds guideline recommendations. Therefore, this request is not medically necessary.