MAXIMUS Federal Services

Case Number:	CM15-0041098		
Date Assigned:	03/11/2015	Date of Injury:	11/11/2013
Decision Date:	05/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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 56-year-old male who reported an injury on 11/11/2013. The mechanism of injury was not specifically stated. The current diagnoses include levoscoliosis of the lumbar spine, lumbar degenerative disc disease, and lumbar radiculopathy. The injured worker presented on 01/8/2015 for a followup evaluation with complaints of moderate low back pain with severe stiffness. The injured worker also noted radicular involving the bilateral lower extremities such as numbness and tingling. Upon examination there was evidence of a low guarded gait, a slightly forward stooped posture, and an inability to balance on the heel or toe secondary to low back pain and weakness. The injured worker did not use a brace or assistive device for ambulation. Range of motion of the lumbar spine was moderately restricted secondary to pain. Straight leg raising induced low back pain but failed to produce any radicular symptoms. There was weakness of the right ankle dorsiflexion and right quadriceps. X-rays of the lumbar spine with flexion and extension revealed levoscoliosis with a decrease in disc height in L2-3, osteophytes at L1-3, compression and deformity at L2-3, and segmental tubular calcification of the anterior lower vertebrae. Recommendations include a short course of physical therapy twice per week for 6 weeks for the lumbar spine, a surgical consultation for possible injections or surgical consideration, and an electrodiagnostic study. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 10-12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial to restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Physical medication treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuroglia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 10 to 12 sessions would exceed guidelines recommendations. In addition, there was no specific body part listed in the request. As such, the request is not medically appropriate at this time.

Spine Surgeon Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there was no evidence of the emergence of any red flags for serious spinal pathology. It is unclear whether the injured worker has exhausted conservative treatment. It does not appear that the injured worker is a surgical candidate at this time. The medical necessity for the requested referral has not been established at this time. Therefore, the request is not medically appropriate.

EMG/NCV Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: California MTUS ACOEM Practice Guidelines state electromyography including H-reflex test may be appropriate to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no mention of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. There is also no evidence of a significant motor or sensory deficit involving the bilateral lower extremities to support the necessity for the requested treatment. As such, the request is not medically appropriate at this time.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-304, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiography.

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

Decision rationale: California MTUS ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, there was no documentation of any red flags or serious pathology. There is no mention of an exhaustion of conservative treatment. The injured worker had received a recent authorization for X-rays of the lumbar spine. Given the above, the request is not medically appropriate.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be evidence that pain has been ineffectively controlled due the diminished effectiveness of the medication or side effects, a history of substance abuse, significant pain from postoperative conditions, or a failure of conservative management. In this case, there was no documentation of a failure of conservative treatment. There is no evidence of a successful 1 month trial prior to the request for a unit purchase. Give the above, the request is not medically appropriate.

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of spinal instability upon examination. The medical necessity for a lumbar support brace has not been established. As such, the request is not medically appropriate.