

Case Number:	CM15-0047576		
Date Assigned:	04/14/2015	Date of Injury:	08/13/2014
Decision Date:	05/28/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/12/2015

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 48 year old male, who sustained an industrial injury on 8/13/14. He reported low back pain radiating down to bilateral legs. The injured worker was diagnosed as having lumbar radiculopathy; contusion of back thoracic/lumbosacral neuritis/radiculitis Unspecified; lumbago. Treatment to date has included status post lumbar fusion L4-L5 with laminectomy (no date); MRI lumbar spine without contrast (10/3/14) x-ray cervical, thoracic and lumbar spine (10/3/14); EMG/NCV bilateral lower extremities (12/11/14); chiropractic therapy; medication. Currently, the PR-2 notes dated 1/20/15 the injured worker complained of intermittent neck pain/stiffness that radiates to the hands with tingling and thoracic and lumbosacral pain constant to lower extremities as sharp, severe pain with numbness and tingling. Upon physical examination, the injured worker had tenderness to palpation of the lumbar spine. There was also sciatic notch tenderness noted. The injured worker had decreased range of motion of the lumbar spine. There was slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. Motor strength was decreased at the bilateral lower extremities secondary to pain. Deep tendon reflexes were 2+ and symmetrical in the bilateral lower extremities. PR-2 emergency department notes dated 3/16/15, the injured worker complained of chronic back pain that is constant, severe and worsening radiating to his bilateral lower legs with numbness. He is there requesting medication. He was given Morphine 5mg IM and Motrin with significant improvement and a prescription for Lidoderm patch, Naprosyn, Norco and Flexeril. Upon physical examination, he was noted to have paraspinous muscle tenderness in the lumbar area. No motor and sensory deficits were noted. The provider

has requested additional acupuncture and chiropractic therapy for the lumbar spine; a Functional Capacity Evaluation; EMG/NCV lower extremities; MRI lumbar spine; lumbar spine x-rays; one month trial of a neuromuscular TENS-EMS unit; however, the rationale was not provided. A request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back Radiographys.

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

Decision rationale: The California MTUS/ACOEM Guidelines state lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The clinical documentation submitted for review indicated the injured worker had a previous x-ray of the lumbar spine. There was no evidence of a significant change in the injured worker's physical presentation to warrant a repeat x-ray. Additionally, there was no evidence of red flags for serious spinal pathology. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Chiropractic therapy 1-2 x week x 6 weeks, Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The clinical documentation submitted for review indicated the injured worker had previous chiropractic treatment. However, there was a lack of significant objective functional improvement within the previous therapy provided. Additionally, it is unclear the number of chiropractic treatment completed to date and there were no exceptional factors to warrant additional visits beyond the guideline's recommendation. Furthermore, the most recent note provided for review does not provide evidence of significant objective functional deficits in the lumbar spine to warrant additional chiropractic treatment. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Functional Capacity Evaluation 1/16/15 date of service: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The California MTUS/ACOEM Guidelines state determining limitations can usually be done by obtaining the patient's history, obtaining information from the patient, and the provider's knowledge of the patient and previous patients. Sometimes, it may be necessary to obtain a more precise delineation of patient capabilities and under some circumstances this can best be done by ordering a functional capacity evaluation. The Official Disability Guidelines recommend performing a functional capacity evaluation prior to admission to a work hardening program. The guidelines recommend considering a Functional Capacity Evaluation if case management is hampered by complex issues including prior unsuccessful return to work attempts, when there is conflicting medical reporting on precautions and/or fitness for modified job, or if there are injuries that require detailed exploration of a worker's abilities. The guidelines recommend a Functional Capacity Evaluation if patients are close to or at maximum medical improvement and all key medical reports are secured and if additional/secondary conditions are clarified. Within the documentation provided, there was no rationale indicating why the physician is requesting a Functional Capacity Evaluation. There was no indication if the request is for a work hardening program or if the injured worker is at maximum capacity of medical improvement. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.

One month home based trial of Neurostimulator TENS-EMS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-121.

Decision rationale: The California MTUS Guidelines does not recommend TENS (transcutaneous electrical nerve stimulation) as a primary treatment modality, but a one month based TENS trial may be considered as a noninvasive conservative option, if used along with programs of evidence based functional restoration. Additionally, the guidelines state neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The clinical documentation submitted for review did not provide evidence of significant objective functional deficits to warrant the use of the unit. Additionally, the guidelines state neuromuscular electrical stimulation is not recommended. Given the above

information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Chiropractic treatment 1-2 x week x 4 weeks, Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The clinical documentation submitted for review indicated the injured worker had previous chiropractic treatment. However, there was a lack of significant objective functional improvement within the previous therapy provided. Additionally, it is unclear the number of chiropractic treatment completed to date and there were no exceptional factors to warrant additional visits beyond the guideline's recommendation. Furthermore, the most recent note provided for review does not provide evidence of significant objective functional deficits in the lumbar spine to warrant additional chiropractic treatment. Moreover, this request is a second request for chiropractic treatment as an initial request for chiropractic treatment has already been made. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Acupuncture treatment 1-2 x week x 4 weeks, Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The clinical documentation submitted for review does not provide evidence that the injured worker has reduced or not tolerated her pain medications. Additionally, the clinical documentation lacks evidence of significant objective functional deficits of the lumbar spine to warrant acupuncture therapy. Furthermore, there was no evidence the injured worker would use it as an adjunct to physical rehabilitation and/or surgical intervention. Given the above information, the request is

not supported by the guidelines. As such, the request for Acupuncture treatment 1-2 x week x 4 weeks, Lumbar spine is not medically necessary.

MRI with Contrast of Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online low back MRI.

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.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address repeat MRIs. The Official Disability Guidelines state repeat MRI are not recommended unless there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation lacks evidence of a significant change in the injured worker's symptoms and/or findings suggestive of significant pathology. Additionally, there was no evidence of neurological deficits to warrant a repeat MRI. Furthermore, it is unclear whether the injured worker attempted a recent attempt of physical therapy. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

NCV/EMG Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMGs (electromyography).

Decision rationale: The California MTUS Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. More specifically, the Official Disability Guidelines recommend it as an option to be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation provided does not indicate the injured worker has evidence of radiculopathy. Additionally, there is no indication the injured worker has tried and failed a recent attempt of conservative care for at least 4 weeks. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.