MAXIMUS Federal Services

Case Number:	CM15-0060114		
Date Assigned:	04/06/2015	Date of Injury:	07/24/2014
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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, Public Health & General Preventive 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 57 year old female, who sustained an industrial injury on 7/24/2014. The injured worker reported a low back injury while reaching over packing eggs. The injured worker was diagnosed as having cervical disc displacement, thoracic myospasm, lumbar radiculitis, lumbosacral neuritis and plantar fasciitis. There is no record of a recent diagnostic study. Treatment to date has included shockwave therapy and medication management. In a progress note dated 02/16/2015, the injured worker complains of neck and upper back pain, low back pain that radiates down the left lower extremity causing numbness and tingling and left foot pain. The treating physician is requesting cervical, thoracic and lumbar x rays, TENS rental for 1 month and lumbar spine support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of any red flags for serious pathology. There is limited documentation provided supporting a necessity for x-rays at this time. As the medical necessity has not been established, the request is not medically necessary.

Thoracic X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of any red flags for serious pathology. There is limited documentation provided supporting a necessity for x-rays at this time. As the medical necessity has not been established, the request is not medically necessary.

Lumbar X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommend in patients with low back pain in the absence of red flags for serious spinal pathology. In this case, there was no evidence of the emergence of any red flags for serious pathology. There is limited documentation provided supporting a necessity for x-rays of the lumbar spine at this time. Given the above, the request is not medically necessary.

TENS/EMS rental x 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive option. There should be evidence that other appropriate pain modalities have been tried and failed including medication. In this case, there was no documentation of a failure to respond to conservative treatment. In addition, the medical necessity for a combination unit has not been established. As such, the request is not medically necessary.

Lumbar Spine support purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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. In this case, there was no evidence of spinal instability upon examination. The medical necessity for a lumbar spine support has not been established. As such, the request is not medically necessary.