

Case Number:	CM14-0154525		
Date Assigned:	09/24/2014	Date of Injury:	11/17/2008
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported an injury on 11/17/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker was evaluated on 08/29/2014. It was documented that the injured worker had not initiated her second session of physical therapy due to pain. The injured worker's objective findings included restricted range of motion of the cervical spine with +4 motor strength of the left lower extremity with a positive straight leg raising test to the bilateral lower extremities, and a positive Kemp's test to the bilateral lower extremities. The injured worker's diagnoses included lumbosacral sprain/strain with bilateral lower extremity radiculopathy. The injured worker's medications included tramadol and Fexmid. The injured worker's treatment plan included continuation of a home exercise program with the addition of an interferential unit to decrease pain and inflammation, and increase ADL function and range of motion. A request was made for an MRI of the low back and an electrodiagnostic study of the bilateral lower extremities. No Request For Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Interferential Current Stimulation (.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The request for interferential home unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends an interferential unit for chronic intractable pain that has failed to respond to other conservative treatments to include a TENS unit. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to a TENS unit at this point in their treatment. Therefore, the use of an interferential unit would not be supported. Furthermore, the request does not specifically identify if the requested unit is for purchase or rental. The California Medical Treatment Utilization Schedule recommends a trial for a 30 day period of this type of intervention prior to the purchase of this durable medical equipment. There is no documentation that the injured worker has undergone a trial and would require the purchase of an interferential home unit. As such, the request for interferential home unit is not medically necessary or appropriate.

MRI Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low back regarding MRI's (magnetic resonance imaging)

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

Decision rationale: The request for MRI lumbar is spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends MRIs for patients with clinical evident radiculopathy that have failed to respond to conservative treatment. Due to the age of the injury, it would be expected that the injured worker has already undergone imaging. There is no indication that the injured worker has had any type of x-rays. Additionally, there is no discussion that the injured worker has never undergone an MRI and would require this imaging study. Also, the clinical documentation does indicate that the injured worker is currently participating in active therapy. The results of that therapy would need to be provided prior to ordering an imaging study. As such, the request for MRI lumbar is spine is not medically necessary or appropriate.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): EMG's (electromyography) and nerve conduction studies (NCS) sections

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

Decision rationale: The request for EMG/NCV bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have nonfocal evidence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker's radiculopathy is clinically evident upon physical examination. Therefore, the need for an electrodiagnostic study of the bilateral lower extremities is not clearly supported. As such, the request for EMG/NCV bilateral lower extremities is not medically necessary or appropriate.

Fexmid, one (1) po bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Fexmid, one (1) po bid #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends short durations of treatment, not to exceed 2 to 3 weeks, for muscle relaxants. The clinical documentation indicates that the injured worker has been on this medication since at least 07/2014. This exceeds guidelines recommendations. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. Furthermore, the request as it is submitted does not identify a dosage. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for Fexmid, one (1) po bid #60 is not medically necessary or appropriate.