MAXIMUS Federal Services

Case Number:	CM14-0173047		
Date Assigned:	10/23/2014	Date of Injury:	01/06/2013
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency Medicine and is licensed to practice in California. 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 female who sustained an injury on January 6, 2013. The mechanism of injury occurred when kicked by a patient while putting the patient into a hospital bed. Diagnostics have included: February 8, 2013 lumbar MRI reported as showing multi-level disc bulges and foraminal stenosis. Treatments have included medications. The current diagnoses are cervical spine strain/sprain with myofasciitis, right shoulder sprain/strain with myofasciitis, right sided chest wall contusion versus rib fracture, lumbar spine sprain/strain with underlying degenerative disease, and right hip sprain/strain. The stated purpose of the request for outpatient pain management consultation was to determine the need for a lumbar epidural steroid injection. The request for outpatient pain management consultation was denied on October 9, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Rental of Interferential (IF) Unit for thirty (30) days was not noted. The request for Rental of Interferential (IF) Unit for thirty (30) days was denied on October 9, 2014, citing a lack of documentation of TENS trial. The stated purpose of the request for EMG/NCV of Bilateral Lower Extremities (BLE) was due to persistent symptomatology and for diagnostic purpose. The request for EMG/NCV of Bilateral Lower Extremities (BLE) was denied on October 9, 2014, citing a lack of documentation of sufficiently possible peripheral neuropathy. The stated purpose of the request for Pharmacy purchase of Norco 5mg #60 was not noted. The request for Pharmacy purchase of Norco 5mg #60 was modified to QTY #20 on October 9, 2014, citing a lack of documentation of functional improvement. Per the report dated September 24, 2014, the treating physician noted complaints of pain to the neck, right shoulder, low back, right hip. Exam findings included painful cervical range of motion, right paracervical muscle tenderness, lower back tenderness, and right hip tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 1, 46.

Decision rationale: The requested outpatient pain management consultation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, page 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy,after failed therapy trials. "The injured worker has pain to the neck, right shoulder, low back, right hip. The treating physician has documented painful cervical range of motion, right paracervical muscle tenderness, lower back tenderness, and right hip tenderness. The stated purpose of the request for outpatient pain management consultation was to determine the need for a lumbar epidural steroid injection. There is no documentation of physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive straight leg raising test. Therefore the medical necessity for an epidural injection, and thus a pain management consult, has not been established. The criteria noted above not having been met, outpatient pain management consultation is not medically necessary.

Rental of Interferential (IF) Unit for thirty (30) days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested Rental of Interferential (IF) Unit for thirty (30) days is not medically necessary. The California Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of

effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g.,repositioning, heat/ice, etc.)." The injured worker has pain to the neck, right shoulder, low back, right hip. The treating physician has documented painful cervical range of motion, right paracervical muscle tenderness, lower back tenderness, and right hip tenderness. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Rental of Interferential (IF) Unit for thirty (30) days is not medically necessary.

EMG/NCV of Bilateral Lower Extremities (BLE): Upheld

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

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

Decision rationale: The requested EMG/NCV of Bilateral Lower Extremities (BLE) is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nervecompromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunctionshould be obtained before ordering an imaging study." The injured worker has pain to the neck, right shoulder, low back, right hip. The treating physician has documented painful cervical range of motion, right paracervical muscle tenderness, lower back tenderness, and right hip tenderness. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG/NCV of Bilateral Lower Extremities (BLE) is not medically necessary.

Pharmacy purchase of Norco 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 80-82.

Decision rationale: The requested Pharmacy purchase of Norco 5mg #60 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck, right shoulder, low back, right hip. The treating physician has documented painful cervical range of motion, right paracervical muscle tenderness, lower back tenderness, and right hip tenderness. This medication has been prescribed since at least December 2013. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Pharmacy purchase of Norco 5mg #60 is not medically necessary.