

Case Number:	CM15-0105615		
Date Assigned:	06/15/2015	Date of Injury:	02/18/2010
Decision Date:	10/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female who sustained an industrial injury on 02/18/2010. Mechanism of injury occurred while employed as a shuttle driver injuring her left hand, left knee and left foot as well as her low back from a slip and fall. Diagnoses include neck sprain, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included diagnostic studies, medications, physical therapy, and aqua therapy. A physician progress note dated 04/17/2015 documents the injured worker complains of constant neck pain rated 9-10 out of 10, with shooting pain to the left arm. She has horrible lower back pain which she rates as a 9-10 out of 10 and pain shoots to her bilateral legs. She has an unstable gait and is walker dependent. Her lumbar spine is tender to palpation with spasms and painful limited range of motion. She also has findings of decreased lower extremity strength and decreased sensation on physical exam. Treatment requested is for CT scan of the lumbar spine, EMG of the lower left extremity, EMG of the right lower extremity, IF unit for the lumbar spine, NCV of the lower left extremity, NCV of the right lower extremity, Purchase of a back brace, and Purchase of a motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar & Thoracic; CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to ACOEM guidelines referenced by MTUS, lumbar CT is an appropriate diagnostic study "if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." From my review of the records there is clinical evidence from the reported symptoms and physical exam findings to indicate that tissue insult or nerve impairment is the potential cause of the IW's chronic pain however it appears based on the physical exam findings that the clinical differential is focusing on nerve involvement such as from disc encroachment or foraminal stenosis. CT is not the appropriate study to evaluate for these conditions and is preferred in diagnosing abnormalities of bony structures. Considering that there has been no indication of injury to bony structures, based on the cited guidelines the requested imaging study is not medically necessary.

IF unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to MTUS guidelines IF therapy, "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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." Based on the limited scientific literature indicating clinically significant improvement, the requested treatment is not medically necessary at this time.

Purchase of a back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: According to ACOEM guidelines, "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies." Based on limited scientific evidence indicating improved pain or functional capacity with lumbar brace, the requested treatment is not medically necessary at this time.

Purchase of a motorized scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: According to MTUS guidelines, motorized scooter is "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care". Considering the cited guidelines and the clinical record indicated that there is sufficient upper extremity function to propel a manual wheelchair or walker, the requested scooter is not medically necessary.

EMG of the lower left extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection", the injured worker has symptoms consistent with radicular pain and physical exam findings such as decreased sensation and lower extremity strength that would indicate a possible nerve root dysfunction. Therefore based on the cited guidelines and findings in the clinical records provided, I believe that electrodiagnostic studies of both lower extremities will

help clarify root dysfunction and help in directing care for the injured worker. As such the requested treatment is medically necessary.

NCV of the lower left extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection", the injured worker has symptoms consistent with radicular pain and physical exam findings such as decreased sensation and lower extremity strength that would indicate a possible nerve root dysfunction. Therefore based on the cited guidelines and findings in the clinical records provided, I believe that electrodiagnostic studies of both lower extremities will help clarify root dysfunction and help in directing care for the injured worker. As such the requested treatment is medically necessary.

EMG of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection", the injured worker has symptoms consistent with radicular pain and physical exam findings such as decreased sensation and lower extremity strength that would indicate a possible nerve root dysfunction. Therefore based on the cited guidelines and findings in the clinical records provided, I believe that electrodiagnostic studies of both lower extremities will help clarify root dysfunction and help in directing care for the injured worker. As such the requested treatment is medically necessary.

NCV of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection", the injured worker has symptoms consistent with radicular pain and physical exam findings such as decreased sensation and lower extremity strength that would indicate a possible nerve root dysfunction. Therefore based on the cited guidelines and findings in the clinical records provided, I believe that electrodiagnostic studies of both lower extremities will help clarify root dysfunction and help in directing care for the injured worker. As such the requested treatment is medically necessary.