MAXIMUS Federal Services

Case Number:	CM13-0013978		
Date Assigned:	10/02/2013	Date of Injury:	02/19/2004
Decision Date:	01/03/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

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 patient is a 70 year old male with a date of injury on 2/19/2004. The patient's diagnosis is: status post laminectomy and interbody fusion with posterolateral fusion, L3/4 and L4/5 (lowest motion segments). The progress report dated 5/8/13 by [redacted] noted that the patient had exquisite point tenderness at the S1 level screw, bilaterally and limited range of motion. X-rays of the lumbar spine were taken that demonstrated hardware in good position. The patient received trigger point injections for symptomatic relief and a hardware block was recommended. It was noted that the patient needed TENS unit supplies, but no discussion was provided in regards to the patients frequency, duration, or functional benefit gained from TENS unit therapy. The appeal letter dated 6/27/13, [redacted] noted in response to the denial of the lumbar spine x-ray that the patient was complaining of recent flare-ups of the low back symptoms. [redacted] suggested that before he could proceed with the proper treatment, it was only appropriate that a thorough exam of the patient be conducted first, and then, through the aid of diagnostic exams, he could detect the causes of the patient's persistent symptoms or if there were other new problems that have occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: ACOEM Guidelines state that 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 the x-ray would aid in patient management. The rational provided by the treating physician in the medical records provided for review, in regards to lumbar spine x-rays, appears to be reasonable as the employee's status was post lumbar fusion with recent flare-ups at the site of the S1 level screws. The request for X-Ray of the Lumbar Spine is medically necessary and appropriate.

(unknown) TENS supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: MTUS Chronic Pain Guidelines page 116 states that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. No discussion was provided by the treater in the progress report or appeal letter noting how often the unit was used, nor were there any outcomes provided relating to the employee's pain relief and/or improved function from the TENS unit. The request for Unknown TENS Supplies is not medically necessary and appropriate.