Case Number:	CM13-0017142		
Date Assigned:	10/11/2013	**Date of Injury:**	03/09/2012
Decision Date:	05/14/2014	**UR Denial Date:**	08/15/2013
Priority:	Standard	**Application Received:**	08/27/2013

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 Occupational 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 patient is a 30 year old male who injured his lower back on 03/09/2012 while he was employed as a press operator. He pushed, shoved, and assembled bundles of hay on an assembly line. Treatment history included medications, chiropractic adjustments, and a self-exercise program. Medication treatment includes Tylenol, Hydrocodone, Flexeril, Naproxen, and Tramadol. MRI of the lumbar spine performed on 04/06/2012 revealed annular bulges at multiple lumbar spine disc levels. MRI of the lumbar performed 10/2013 revealed lumbar spondylosis with severe degeneration and herniation of the L4/5 and L5/S1 discs with hypertrophy of their facets, causing neuroforaminal stenosis. A clinic report dated 08/02/2013 documented the patient to have complaints of moderate to severe low back pain rated 7/10 intermittently to both legs. Objective findings on exam noted he had restricted range of motion of the trunk, especially trunk flexion. He had right sacroiliac joint tenderness. There was no sciatic tenderness. His gait was normal. Initial spine evaluation dated 09/03/13 notes that the patient's pain remained the same. The patient rated his pain rate at 7/10 with numbness and pain in bilateral legs. The patient's evaluation was completed which noted STM to lumbar and thoracic paraspinals. The patient's treatment with (treatment not legible on hand written note) was ended. The patient had increased improvement in functional capacity to L/S. The patient was given abdominal breathing for home exercise program. A clinic note dated 09/09/2013 documented the patient to have complaints of low back pain that radiated to the left, off and on, with pain rated at 8/10. Objective findings on exam revealed the patient was not sleeping well with Conzip. This medicine caused him to stay awake. The patient was receiving physical therapy and doing well with treatment. A clinic note dated 10/21/2013 documented the patient completed physical therapy sessions and the patient stated treatment was very beneficial. He stated he had been experiencing occasional urinary incontinence 1-2 times a week since his injury. The patient

claimed Conzip was effective. Objective findings on exam revealed his gait to be steady. The patient had tenderness of the right sacroiliac joint. A clinic note dated 11/18/2013 documented the patient to have complaints of pain in his low back which he described as sharp, constant, and severe with occasional numbness radiating to bilateral legs and feet. His pain intensity was 8/10. The patient had ongoing physical therapy at recovery PT. Objective findings on exam revealed tenderness noted in the right sacroiliac joint. A clinic report dated 01/02/2014 noted since undergoing physical therapy, [redacted] related that the intensity of his low back pain has improved and is now five to six out of ten. Low back pain was constant. The intensity was improved by 50% in low back pain since 10/2012 and 80% in the right leg with physical therapy and a TENS unit. Initially, [redacted] described alternating leg pains. He no longer had any symptoms regarding his left leg. He took no medications during the day. He did not want epidural lumbar spine injections. Due to low back discomfort and intermittent right leg pain, numbness and weakness, he did have problems with activities of daily living. On physical examination, his gait was antalgic, favoring his right leg with a limp. There was tenderness to palpation of the low back and right sciatic notch. It appeared to be less intense than on the 2012 QME examination. He had restricted lumbar ROM. SLR, sitting, was 75 degrees on the right and was normal on the left at 90 degrees. DTRs were active and equal. Sensory examination revealed hypesthesia and hypalgesia of the lateral aspect of his right calf and right foot. There was early weakness of the right gastrocnemius soleus muscle when he stood on the toes of his right foot and pushed off. The patient was diagnosed with lumbar spondylosis, bilateral facet hypertrophy at L4/5 and L5/S1 with bilateral neuroforaminal stenosis, and chronic right S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE XRAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines regarding low back x-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Radiography (X-rays).

Decision rationale: As per CA MTUS and ODG guidelines, routine lumbar x-rays not recommended in the absence of red flags. Lumbar spine radiography 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 6 weeks. In this case, this patient was diagnosed with chronic lumbosacral pain. The previous MRI showed degenerative changes without nerve root impingement. It is unclear why lumbar x-rays is needed since this patient's complaints remained same with no documentation of worsening or progression of symptoms. Thus, the request for lumbar spine x-rays is non-certified.

TENS UNIT RENTAL FOR 2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, pages 114-117.

Decision rationale: As per CA MTUS, the criteria for the use of TENS unit is recommended if there is evidence that other appropriate modalities have been tried (including medication) and failed. Also, guidelines only recommend (1) one-month trial period of the TENS unit with documentation of outcomes in terms of how often the unit was used, as well as outcomes in terms of pain relief and function. The request is for 2-month rental of TENS unit, exceeds the quidelines recommendation. Thus, the request is non-certified.

CONZIP 200MG # 30 (TRAMADOL ER): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Criteria for Use of Opioids Page(s): 76-84.

Decision rationale: As per CA MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system, and this medication is not recommended as a first-line oral analgesic for acute exacerbations of chronic low back pain. This patient has taken Tramadol previously, and there is no documentation of objective functional improvement. Finally, Tramadol is not recommended for longer than 3 months of use. Thus, the request is non-certified.