MAXIMUS Federal Services

Case Number:	CM13-0022307		
Date Assigned:	12/11/2013	Date of Injury:	08/03/1987
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 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 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. 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 applicant has filed a claim for chronic low back pain, chronic neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of August 3, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and manipulative therapy over the life of the claim; a cane; and extensive periods of time off of work. The applicant has since retired from his former employment as a bank clerk, it is noted. In an August 16, 2013 progress note, the applicant presents with a single-point cane. She is able to apparently walk a mile a day. Lodine is reportedly helpful. X-rays of the lumbar spine demonstrate scoliosis. No acute neurological changes are appreciated. The applicant is given prescriptions for Skelaxin, Lodine, a TENS unit, physical therapy, manipulative therapy, MRI imaging of the hips and pelvis, and an MRI of the lumbar spine. She is asked to remain off of work, on total temporary disability. Multiple other handwritten progress notes throughout 2014 are reviewed. The applicant is again placed off of work on each of these visits. The applicant's response to Lodine is described as good. Other medications are describes as "not seeming to be helpful," on a visit of October 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the cervical and lumbar spine: Upheld

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

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

Decision rationale: As noted on the page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the usage of TENS include evidence of chronic intractable pain of greater than three months' duration in those individuals who have tried and failed other appropriate pain modalities, including pain medications. In this case, however, the claimant is seemingly using a first-line oral pharmaceutical, Lodine, with good effect, effectively obviating the need for the second-line TENS unit. Therefore, the request is not certified.

Physical therapy or chiropractic care for the spine (18 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Chronic Pain Page(s): 99, 58-59.

Decision rationale: The 18 sessions of physical therapy alone would represent treatment well in excess of the 9-to-10 session course recommended on Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The MTUS also endorses tapering or fading the frequency of treatment over time. The original request, as written, would seemingly represent treatment well in excess of the MTUS directive and well in excess of the overall guideline. No clear rationale for the same has been proffered. As noted on Pages 58 and 59 of the MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 24 sessions of manipulative therapy over the life of the claim are endorsed in those applicants who demonstrate successful return to work following introduction of manipulative therapy. In this case, however, it does not appear that the applicant has effected any return to work following introduction of earlier manipulative therapy. Therefore, the request is not certified.

An MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI imaging can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure. In this case, however, the attending provider has himself written that there are no neurologic changes appreciated in a handwritten note of August 16, 2013. It does not appear that the applicant would consider a surgical remedy were it offered to her. Therefore, the request is not certified.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: findings which indentify neurological compromise or sufficient evidence to warrant imaging studies in those applicants who do not respond to the treatment and would consider surgery an option. In this case, however, the applicant has no acute neurologic changes, the attending provider noted on the August 16, 2013. There is no evidence that the applicant would consider a surgical remedy were it offered to her. ACOEM criteria for pursuit of MRI imaging have not seemingly been met. Therefore, the request is not certified.