

Case Number:	CM13-0027357		
Date Assigned:	02/26/2014	Date of Injury:	01/26/2011
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 an employee of [REDACTED] and has submitted a claim for a discogenic lumbar condition associated with an industrial injury date of January 26, 2011. The utilization review from September 12, 2013 denied the requests for repeat lumbosacral MRI due to lack of evidence of focal neurologic deficit on clinical examination, TENS unit for purchase due to lack of documentation of conditions which may benefit from a TENS unit, and hot/cold wrap purchase due to lack of evidence for specialized durable medical equipment. Treatment to date has included medications, TENS unit, hot and cold wrap, rhizotomy, and chiropractic treatment. Medical records from 2013 through 2014 were reviewed showing the patient complaining of low back and right ankle pain. The low back pain is rated at 7/10 on the pain scale without medications and 3/10 with the use of medications. There are reports of right upper and lower extremity numbness and tingling. The low back pain is aggravated by any type of exertion. The right ankle pain is rated at 7/10 on the pain scale without medications and 3/10 with the use of medications. The right ankle pain is aggravated by walking and standing and relieved by hot and cold modalities. Physical exam demonstrated normal ankle range of motion but with audible crepitus. There is tenderness over the lumbar paraspinal muscles as well as spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBOSACRAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The Expert Reviewer's decision rationale: As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported for red flag diagnoses where plain film radiographs are negative, or in patients who have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. Repeat imaging is indicated when there is a change or progression in neurologic findings. In this case, the patient has persistent low back pain. However, the progress notes reviewed did not demonstrate any neurological findings on physical exam. There is no change or progression in neurologic findings that would warrant repeat imaging. Therefore, the request for repeat lumbosacral MRI is not medically necessary

TENS UNIT- PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The Expert Reviewer's decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, the patient has low back pain. Since the time of the utilization denial, the patient has had access to a TENS unit. However, the specific outcomes from use of this TENS unit in terms of functional improvements such as improved activities of daily living were not documented in the progress notes. A specific treatment plan was not documented highlighting short and long-term goals. Therefore, the request for a TENS unit for purchase is not medically necessary.

HOT/COLD WRAP PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS does not address hot/cold wraps specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. In this case, the patient has had access to hot and cold wraps, which was reported to decrease the pain. However, the specific functional improvements derived from the use of hot and cold wraps were not documented. This modality is also used for acute pain; there is no documentation concerning flare-ups of the patient's pain. Therefore, the request for hot/cold wrap purchase is not medically necessary.