

Case Number:	CM13-0031101		
Date Assigned:	12/04/2013	Date of Injury:	08/30/2012
Decision Date:	07/30/2014	UR Denial Date:	09/24/2012
Priority:	Standard	Application Received:	10/01/2013

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 Physical Medicine and Rehabilitation, 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:

This 53 year-old patient sustained an injury on 8/30/12 while employed by [REDACTED]. The request under consideration include tens unit for lumbar spine, lumbar mri, and continued chiropractic care for the lumbar spine x 8-10 visits. The diagnoses include Lumbar sprain/strain; Inguinal Hernia; and bilateral knee pain. The patient was status-post hernia surgery on 4/18/13. A report of 8/27/13 from the provider noted the patient with ongoing dull pain radiating to inguinal and bilateral leg; bilateral knee pain. An exam showed lumbar spine with tenderness of paraspinal muscles; bilateral posterior sacroiliac; well-healed surgical scar at inguinal; bilateral knee's with tenderness and normal range with stability within normal limits; diffuse muscle strength of 4/5 in bilateral lower extremities; normal DTRs. The diagnoses were status post hernia repair with improvement and mild residual pain; lumbar sprain/strain, rule out radiculopathy; bilateral knee pain due to cumulative trauma; and chronic myofascial pain with reactionary sleep disturbance. A hand-written brief report dated 1/28/14 noted patient with low back pain; TENS unit daily. No exam findings recorded. The diagnoses included lumbar sprain/strain and s/p hernia surgery. The treatment to continued HEP/TENS; dispensed Methoderm, Naproxen, and Flexeril with same modified duty. A hand-written brief report dated 2/25/14 noted patient with low back and right hernia pain increased with activity; helped with medications and Home exercise program/TENS. The exam only noted tenderness to palpation at lumbar (non-specific) with spasm. The diagnosis was Lumbar sprain/strain with treatment of continued HEP/TENS/Heat therapy/dispensed TENS patches. The patient remained on modified duty. There was an MRI of the lumbar spine dated 6/9/14 (unauthorized) with impression of broad-based disc bulge at L4-S1 with canal and neural foramina remain patent; no other significant findings. The request for tens unit for lumbar spine, lumbar MRI, and continued

chiropractic care for the lumbar spine x 8-10 visits were not medically necessary on 9/24/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 53 year-old patient sustained an injury on 8/30/12 while employed by [REDACTED]. The request under consideration include tens unit for lumbar spine, lumbar MRI, and continued chiropractic care for the lumbar spine x 8-10 visits. The diagnoses include Lumbar sprain/strain; Inguinal Hernia; and bilateral knee pain. The patient was status post hernia surgery on 4/18/13. A report of 8/27/13 from the provider noted the patient with ongoing dull pain radiating to inguinal and bilateral leg; bilateral knee pain. The exam showed lumbar spine with tenderness of paraspinal muscles; bilateral posterior sacroiliac; well-healed surgical scar at inguinal; bilateral knees with tenderness and normal range with stability within normal limits; diffuse muscle strength of 4/5 in bilateral lower extremities; normal DTRs. Reports of 1/28/14 and 2/25/14 noted unchanged chronic ongoing pain symptoms despite continued use of TENS with unchanged clinical findings, medication profile, and work status. There was an MRI of the lumbar spine dated 6/9/14 (unauthorized) with impression of broad-based disc bulge at L4-S1 with canal and neural foramina remain patent; no other significant findings. Per the California MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic low back condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. The patient has no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS unit for lumbar spine (unspecified rental duration/purchase) is not medically necessary and appropriate.

The lumbar MRI: Upheld

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

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

Decision rationale: This 53 year-old patient sustained an injury on 8/30/12 while employed by [REDACTED]. The request(s) under consideration include TENS unit for lumbar spine, lumbar MRI, and continued chiropractic care for the lumbar spine x 8-10 VISITS. The diagnoses include Lumbar sprain/strain; Inguinal Hernia; and bilateral knee pain. The patient was status post hernia surgery on 4/18/13. A report of 8/27/13 from the provider noted the patient with ongoing dull pain radiating to inguinal and bilateral leg; bilateral knee pain. An Exam showed lumbar spine with tenderness of paraspinal muscles; bilateral posterior sacroiliac; well-healed surgical scar at inguinal; bilateral knees with tenderness and normal range with stability within normal limits; diffuse muscle strength of 4/5 in bilateral lower extremities; normal DTRs. A reports of 1/28/14 and 2/25/14 noted exam recorded except for tenderness and spasm without any neurological deficits identified. An MRI of the lumbar spine dated 6/9/14 (unauthorized) was performed with impression of broad-based disc bulge at L4-S1 with canal and neural foramina remain patent; no other significant findings. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient without specific myotomal or dermatomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The lumbar MRI is not medically necessary and appropriate.

Continued chiropractic care for the lumbar spine x 8-10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The patient has received significant conservative treatments of therapy; however, has no report of improvement with unchanged chronic pain complaints, no change in medication profile, or work status. Clinical exam remains unchanged and without specific deficits. Submitted reports have not demonstrated any flare-up or new red-flag findings to support further treatment. Guidelines states several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial

sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with co morbidities. Such care should be re-evaluated and documented and treatment beyond 4-6 visits should be documented with objective improvement in function. However, this has not been shown in this case. The continued chiropractic care for the lumbar spine x 8-10 visits is not medically necessary and appropriate.