

Case Number:	CM13-0042773		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2010
Decision Date:	02/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management 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. 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 53 year old male with a date of injury on 5/14/10. The Utilization Review Determination being challenged is dated 10/15/13 and recommends denial of lumbar sacral corset, tens unit/supplies, and a neurosurgeon evaluation. [REDACTED] is the requesting provider and per visit notes from 1/18/13, the patient's diagnoses are: cervical spine pain, chronic degenerative cervical spine disease C5-6 and C6-7, low back pain, chronic and degenerative lumbar disc disease. The patient complains of constant pain in the cervical spine with decreased range of motion, as well as, pain at night which often wakes him up and states symptoms are progressively getting worse. The patient reports he has upper back and lower back disc problems with pain often relieved with rest, and aggravated with activities of daily living. He experiences radiculopathy to the lower extremities, more often on the right then the left. He has no relief of symptoms with therapy, epidural injection, acupuncture, or home exercise program, but some relief to make his condition tolerable is with pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sacral corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 524.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines.

Decision rationale: The patient's injury was about 4 years ago and does not appear to be in the acute phase. ACOEM states "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief." Also, ACOEM states that in an occupational setting a corset may be used for prevention. However, the medical reports do not indicate the patient has returned to work, and they do show that he is beyond the acute phase. The lumbar support corset is not in accordance with MTUS/ACOEM topics.

Purchase of TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous electrot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section TENS, Chronic pain (transcutaneous electrical).

Decision rationale: The patient is reported to have a TENS unit, but there is no discussion on efficacy. MTUS requires a TENS trial "with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function" and "Other ongoing pain treatment should also be documented during the trial period including medication usage." The available documentation is not in accordance with MTUS criteria for use of TENS

Neurosurgeon evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: Per MTUS/ACOEM topics for cervical surgery: Referral for surgical consultation is indicated for patients who have: - Persistent, severe, and disabling shoulder or arm symptoms - Activity limitation for more than one month or with extreme progression of symptoms - Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term - Unresolved radicular symptoms after receiving conservative treatment There are no objective findings reported to suggest progression of symptoms and no imaging reports or electrodiagnostic studies provided for this IMR. The exam findings do not show unresolved radicular symptoms. According to the 10/22/12 AME report, the patient is not a candidate for surgery for any of his body parts. In addition, the AME did not feel he was a surgical candidate and the patient does not meet the ACOEM criteria for cervical surgical consult.