

Case Number:	CM13-0047434		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2000
Decision Date:	02/25/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and Sports Medicine and is licensed to practice in New York and Texas. 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 56-year-old female who reported an injury on 01/19/2000. The mechanism of injury was stated to be the patient was pushing and pulling a pallet jack and hurt her back. The patient was noted to have low back pain, and difficulty performing activities of daily living due to the pain. The patient was noted to have a significant amount of mechanical back pain and lumbar radiculopathy. The patient was noted to have back pain upon extension greater than 20 degrees, a positive straight leg raise at 45 degrees, and diminished perception to light touch of the lateral shin of the left lower extremity. The patient was noted to have 4+/5 strength in all muscle groups of the lower extremities. The patient's diagnosis was noted to be lumbar disc displacement, and the request was made for the purchase of 1 TENS unit and an updated lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient updated lumbar MRI: Upheld

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

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 Official Disability Guidelines recommend a repeat MRI for patients who have a significant change in symptoms and/or findings suggestive of a significant pathology. The patient had an MRI dated 11/29/2011, which revealed degenerative disc disease at L3-4, L4-5, and L5-S1. The patient was noted to have stable left paracentral 3 mm disc protrusion at L5-S1, with minimal displacement of the left S1 nerve root. The patient was noted to have stable mild central canal stenosis at L3-4 from diffuse disc bulging. The patient was noted to have moderate right neural foraminal narrowing at L4-5, and mild to moderate left neural foraminal narrowing at L3-4. The physical examination dated 08/21/2012 revealed the patient had diffuse tenderness on palpation of the mid to lower lumbar spine. There was noted to be back pain upon flexion of more than 20 degrees, a straight leg raise that was positive on the left at 45 degrees, diminished perception to light touch in the lateral shin and anterior foot of the left lower extremity. Reflexes were noted to be 1+ except for the left ankle, where the reflex was noted to be absent. The motor examination revealed the patient had weakness for right dorsiflexion, and bilateral knee extension of 4/5. The physical examination dated 09/06/2013 revealed the patient had moderate discomfort with palpation of the mid lumbar spine. The patient was noted to have back pain upon extension greater than 20 degrees. The straight leg raise was noted to be positive on the left at 45 degrees. There was noted to be diminished perception of light touch at the lateral shin of the left lower extremity, and 4+/5 strength in all muscle groups of the lower extremities. The physician opined the patient would need a new MRI to assess the amount of stenosis, since the last MRI was greater than 1 year old. Clinical documentation submitted for review indicated that the patient's objective findings had remained basically the same and it failed to indicate the patient had a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the request for outpatient updated lumbar MRI is not medically necessary.

Purchase of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115-116.

Decision rationale: The California MTUS Guidelines recommend for ongoing treatment a one-month trial must document how often the unit was used, as well as outcomes in terms of pain relief and function and that it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The clinical documentation submitted for review failed to provide the functional benefit of the requested service and failed to indicate the patient was participating in ongoing treatment with a functional restoration approach. There was a lack of documentation indicating the necessity for a replacement unit. Given the above, and the lack of documentation, the request for purchase of 1 TENS unit is not medically necessary.

