MAXIMUS Federal Services

Case Number:	CM13-0048539		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2013
Decision Date:	02/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/06/2013

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, Rehabilitation, and Pain Management 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 07/13/2013. The progress report dated 09/20/2013 by [redacted] indicates that the patient's diagnoses include: Lumbar radiculopathy, insomnia, left elbow enthesopathy. The patient complained of pain in the left elbow with radiation to the left forearm. He also complained of pain in the lower back and toes of the left foot with radiation to the left leg. The patient rated his pain ranging between a 6/10 and a 9/10. Physical exam findings include decreased range of motion of the lumbar spine and tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is positive straight leg raise test on the left in the seated and supine position to 45 degrees. There is positive Patrick's test and positive Gaenslen's maneuver. Motor strength rated at 5/5 and symmetric throughout the bilateral upper and lower extremities, except 4+/5 on right ankle plantar flexion and right great toe extension. Sensory exam shows diminished sensation in the left L5 and S1 dermatomes of the lower extremities. Reflexes are symmetric at 1+/4 in the bilateral lower extremities. A request was made for an MRI of the lumbar spine as well as MRI of the left elbow. A request for a TENS unit trial was also requested to address the myofascial component of the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/elbow.htm)

Decision rationale: The patient continues with left elbow pain, which has appeared to continue from the date of injury dated 07/13/2013. The provider requested the MRI on 09/20/2013. However, there was no physical exam documentation of the left elbow. The patient did state that 80% of the pain was coming from the left elbow, however. The progress report dated 09/07/2013 by [redacted], an orthopedist, states that the physical exam of the left elbow showed point tenderness over the olecranon process. There is no obvious swelling or ecchymosis. He has full extension, full flexion, pronation, and supination. He does have extreme tenderness to palpation over the olecranon process. X-rays showed an olecranon spur with possible fracture through the olecranon spur. It was noted that these olecranon spurs can fracture with direct trauma and will likely heal without any surgery; however, sometimes they develop a painful non-union and require resection. [redacted] stated that he would like to treat him conservatively for another 4 to 6 months to see if there is any improvement in direct palpation over that area. If not, he could be a candidate for resection of the olecranon spur fracture. MTUS is silent on recommendations for elbow MRIs. Therefore, ODG Guidelines were reviewed. ODG supports the use of MRI diagnostic imaging when there is suspicion of collateral ligament injury, epicondylitis, injury to the biceps and triceps tendon, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. As the records appear to indicate, the patient had a diagnostic x-ray which showed possible fracture to the olecranon spur and the diagnosis is identified. The treater has asked for an MRI but rationale is not provided. Based on ODG guidelines, MRI of left elbow is not medically indicated and recommendation is for denial.

TENS unit trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

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

Decision rationale: The patient continues with left elbow pain and low back pain following the injury on 07/13/2013. MTUS page 116 regarding TENS unit therapy states that a 1-month home based TENS unit trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS include documentation of pain of at least 3-month duration. There is evidence that other appropriate pain modalities have been tried including medication and failed. Also, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. At the time of the request, the patient's symptoms were not quite at a 3 months' duration. However, the patient continued with pain noted in the October and November progress

reports and has not had adequate pain control with medications. A 1-month trial of TENS unit therapy appears to be reasonable. Therefore, Decision for TENS unit trial is medically necessary and appropriate.