

Case Number:	CM13-0049587		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2013
Decision Date:	11/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Pain Management, 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 a 38 year old with an injury date on 9/10/13. Patient complains of low lumbar pain radiating to her bilateral lower extremities with associated numbness/tingling rated 8/10 per 10/10/13 report. Patient also notes intermittent electrical sensations to both lower extremities, and constant radiating pain into buttocks and coccyx per 10/10/13 report. Based on the 10/10/13 progress report provided by [REDACTED] the diagnoses are: 1. lumbar sprain 2. thoracic or lumbosacral neuritis or radiculitis unspecified Exam on 10/10/13 showed "straight leg raise positive with pain on right but none on left. L-spine range of motion decreased by 5 degrees in all planes. Neurological exam showed normal results in all tested dermatomes." Patient's treatment history includes Xray of L-spine, and MRI that shows L5-S1 protrusion of 4mm, and is taking Tylenol/Cyclobenzaprine per 9/27/13 report. [REDACTED] is requesting acupuncture 6 per week x 2 months, spinal orthopedic consult with [REDACTED] tens unit purchase, and MRI lumbar spine. The utilization review determination being challenged is dated 10/25/13 and denies request for orthopedic consult due to lack of acute neurological deficits and no surgical intervention required and lumbar MRI due to lack of documentation of failure of conservative measures, and no physical exam results showing neurological deficits. [REDACTED] is the requesting provider, and he provided treatment reports from 10/1/13 to 1/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 PER WEEK X 2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for acupuncture 6 per week x 2 months on 10/10/13. Review of the reports do not show any evidence of acupuncture treatments being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has not had a trial of acupuncture, and a course of 3-6 sessions would be reasonable. The requested acupuncture 6 per week x 2 months, however, exceeds MTUS recommendations for this type of condition. Recommendation is for denial.

SPINAL ORTHOPEDIC CONSULT WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127 spinal orthopedic consult

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for spinal orthopedic consult with [REDACTED] on 10/10/13. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the orthopedic/pain management consultation appears reasonable considering patient's chronic pain condition. Recommendation is for authorization.

TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, TENS, CHRONIC APIN (TRANSCUTANEOUS).

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

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for TENS unit purchase on 10/10/13. Review of the reports do not show any evidence of a prior TENS unit trial. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does present with neuropathic pain down the leg or radicular symptoms,

and a month-long TENS unit trial is indicated. The requested TENS unit purchase, however, is not indicated until a trial has first been attempted. Recommendation is for denial.

MRI LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar, MRI

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

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for MRI lumbar spine. Review of the reports do not show any evidence of prior lumbar MRIs besides recent L-spine MRI on 10/4/13 that showed a 4mm herniation at L5-S1 that abuts S1 transiting nerve root producing spinal canal narrowing. The request appears to be a retrospective request for the recent MRI. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in falsepositive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this case, the patient presents with chronic back pain with radicular symptoms, and the retrospective request for a MRI lumbar spines medically reasonable. Recommendation is for authorization.