

<b>Case Number:</b>	CM13-0056335		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Pulmonary Diseases, 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 injured worker is a 57-year-old female who reported an injury on 01/21/2005. The mechanism of injury was hyperextension of her right knee, due to being pushed on a by a golf club. The injured worker immediately felt pain to the right knee and sought treatment; however, she developed a limp from her knee pain, which then caused her to develop low back pain. The injured worker's initial course of treatment is unclear; however, it was noted that she received a knee arthroscopy in 2006 that provided her with 75% relief. However, the injured worker continued to complain of lower back pain which was treated with physical therapy and medications. Due to the injured worker's persistent lower back symptoms, she received an MRI of the lumbar spine on 10/17/2008. This study revealed a 2 mm disc bulge at L4-5, with mild stenosis and facet arthropathy at L3-4. Other therapies provided to the injured worker include acupuncture and an EMG/NCV that was performed on an unknown date with results not provided or discussed in the medical records. No other pertinent information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version, Low Back, repeat MRI studies.

**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 MRI

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address the need for repeat MRI; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines do not recommend repeat MRIs unless an injured worker has a new onset of symptoms, or if there is suspicion of a significant pathology. The clinical information submitted for review did not provide any evidence that the injured worker had any neuropathic involvement, to include decreased sensation, reflexes, or muscle strength. There was evidence of facet pain, spasm, and decreased range of motion; however, these are persistent symptoms that the injured worker has experienced since time of injury, and are not new. As such, the medical necessity for this treatment has not been established, and the request for MRI of the lumbar spine is non-certified.

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

**Decision rationale:** The California MTUS/Chronic Pain Guidelines recommend urine drug screens be performed prior to initiating opioid therapy and when the injured worker is not receiving sufficient pain control with current medication regimen or if there is evidence of abuse, addiction, or other aberrant drug behaviors. The clinical information submitted for review did not provide evidence that the injured worker has a history of aberrant drug behaviors or insufficient pain control, nor did it provide evidence that the injured worker was utilizing opioids on a routine basis; there was mention of Norco, but no directions for use were provided. Furthermore, the injured worker's last urine drug screen was dated 10/22/2013 and was found appropriate; therefore, a repeat drug screen is not indicated at this time. As such, the request for urine drug screen is non-certified.

**DME:ELECTRO STIMULATION UNIT, 30 DAY TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), online version, Low Back, repeat MRI studies

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 121.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not recommend electrical muscle stimulation, also known as neuromuscular electrical stimulation, in the treatment of

chronic pain. Guidelines state that this type of modality is generally reserved for stroke rehabilitation as well as quadriceps stimulation after major knee surgery. As the injured worker is several years post knee arthroscopy and this request was indicated for treatment of the back, it is not appropriate at this time. As such, the request for DME: Electro stimulation unit, 30 day trial is non-certified.