

Case Number:	CM13-0059192		
Date Assigned:	04/25/2014	Date of Injury:	10/07/2009
Decision Date:	07/15/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on October 07, 2009. The mechanism of injury was not provided. The clinical documentation indicated the injured worker underwent an L4-5 right-sided lumbar laminectomy in 1990 or 1991. The injured worker had an L4-5 fusion with posterior instrumentation and transforaminal interbody fusion on March 08, 2010. The documentation of January 16, 2013 revealed the injured worker had trouble with bowel control after the injury. It was indicated when the injured worker's pain level was high he had the urge to go to the bathroom and if the injured worker did not utilize the restroom, he would soil his pants. Pantoprazole alleviated the injured worker's problem. It was indicated with the medication the injured worker had no difficulties and bowel movements were normal. The documentation of October 02, 2013 revealed the injured worker continued to have difficulty with low back pain. The documentation indicated a TENS unit was pending. It was indicated that a psychiatric consultation was approved and the appointment was pending. The injured worker's current complaints indicated he had low back pain with radiation to the lower extremities and had to take medication just to perform activities of daily living. It was indicated that the injured worker had been using an adjustable quad cane for stabilization because the legs had given out. The injured worker complained of stool incontinence and had difficulty making it to the restroom on occasion since the surgery of June 2012. The injured worker indicated that he had sexual dysfunction and had trouble with erections and ejaculation due to low back pain. The injured worker complained of depression and sleep difficulties since the injury and due to the lack of improvement since the surgery. The injured worker indicated he has trouble falling asleep and wakes up frequently at night due to pain. The injured worker had an MRI of the lumbar spine on August 20, 2013. The neurologic examination revealed sensation was moderately decreased to light touch and pinprick in S1 dermatomes over the lateral calf, lateral foot, and 3rd, 4th, and 5th

toes on the right. Sensation was normal in the left lower extremity. The reflexes in the knees were 1/4 bilaterally and in the ankle 0/4 on the right and 1/4 on the left. Normal was noted to be 2/4. The examination of the lumbar spine revealed, upon palpation of paralumbar muscles, moderate muscle spasm more on the right than left. The range of motion was noted to be guarded and the use of a quad cane and table for support were noted to be decreased. The diagnoses included failed low back syndrome with significant residual chronic pain and gait dysfunction, status post L4-5 fusion in January 2010, secondary depression and chronic insomnia due to chronic pain from failed back syndrome, stool incontinence with sexual dysfunction, having difficulty with ejaculation as well as erection, rule out significant cauda equina syndrome as it was indicated the MRI was positive for arachnoiditis per a report of February 10, 2012. The treatment plan included 1st a urologic consultation because of stool incontinence and sexual dysfunction; the 2nd treatment was a gastrointestinal consultation due to stool incontinence to address sphincter dysfunction or any other gastrointestinal condition that may be causing incontinence; the 3rd treatment was psychological consultation which was indicated was already approved; the 4th treatment was an MRI of the lumbar spine with and without contrast that had been done which showed some progression of stenosis at L3-4 level from prior MRI of November 05, 2009; the 5th treatment was for a neurosurgery consultation. Additional requests were for continued authorization for a quad cane, authorization for a wheeled walker with a seat which the injured worker was advised to use more often than a quad cane and authorization for a TENS unit for home use and a followup visit in 6 weeks. The injured worker underwent a psychological evaluation on September 09, 2013. The findings and opinion of the psychologist were that the injured worker had symptoms of depression and anxiety which were affecting pain, lower functioning in return to work. The treatment plan included behavioral management consisting of individual psychotherapy for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PSYCHOLOGICAL CONSULTATION FOR PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker had a consultation with a psychologist. There was a lack of documentation indicating a necessity for a second psychological consultation for psychotherapy. The request for a psychological consultation for psychotherapy is not medically necessary.

UROLOGICAL CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines indicate upon ruling out a potentially serious condition, conservative management is provided and, if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker was having difficulty maintaining an erection. The physician opined the injured worker should see an Urologist due to complaints of sexual dysfunction and it was indicated that the injured worker had incontinence of urine one time in public. The request was made to rule out cauda equina. This request was previously denied, as it was unclear whether the injured worker's original spine surgeon had re-evaluated the injured worker and what the recommendations were and it was not clear if the cauda equina was present before surgery or if this was a new finding. The clinical documentation submitted for review indicated the injured worker had not utilized medications for sexual dysfunction and there was no documentation indicating the injured worker had undergone laboratory testing for the same. However, the documentation of January 2013 did not indicate incontinence of urine and the subsequent documentation dated December 19, 2013 revealed the injured worker had difficulty controlling urine. This was a change in condition. The documentation of January 2013 indicated the injured worker did not have difficulty with ejaculation. However, subsequent documentation dated December 19, 2013 revealed the injured worker had started to have difficulty with ejaculation. This was a change in condition. Given the above, the request for a urologic consultation is medically necessary.

GASTROINTESTINAL CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines indicate upon ruling out a potentially serious condition, conservative management is provided and, if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had difficulty with continence of bowels since the date of surgery June 2012. The request was made due to stool incontinence to address sphincter dysfunction or any other gastrointestinal condition that may be causing incontinence and it was requested along with the urology consultation due to a suspicion of cauda equina. This request was previously denied, as it was unclear whether the injured worker's original spine surgeon had re-evaluated the injured worker and what the recommendations were and it was not clear if the cauda equina was present before surgery or if this was a new finding. The documentation of January 2013 indicated the injured worker had bowel incontinence if he did not pay attention when he had increased pain. While this was not a

change, this was a persistent complaint since the surgery in 2012. This request would be supported. Given the above, the request for a gastrointestinal consult is medically necessary.

MAGNETIC RESONANCE IMAGES OF LUMBER SPINE WITH AND WITHOUT CONTRAST: Upheld

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address repeat MRIs. The Official Disability Guidelines indicate that repeat MRIs are appropriate when there is a significant change in symptomatology and/or when there are findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had undergone an MRI in 2009, and a repeat MRI in August 2013. The official MRI from August of 2013 was not submitted for review. There was a lack of documentation indicating the injured worker had a significant change in symptoms and/or findings suggestive of a significant pathology since that date. The original date of request was not provided. As such, the request for magnetic resonance images of the lumbar spine with and without contrast are not medically necessary.

QUAD CANE: 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) Knee & Leg Chapter, Walking Aids.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this issue. The Official Disability Guidelines indicate that disability pain and age impairments determine the need for a walking aid. A cane used in conjunction with a slow walking speed lowers the ground reaction force and decreases the biomechanical load experience by the lower limb. The clinical documentation submitted for review indicated the injured worker had a quad cane. There was a lack of documentation indicating a necessity for a subsequent cane. Given the above, the request for quad cane is not medically necessary.

WHEELED WALKER WITH A SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aids.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this issue. The Official Disability Guidelines indicate that framed or wheeled walkers are preferable for injured workers with bilateral disease. The clinical documentation submitted for review indicated the physician was requesting a wheeled walker with a seat to use more often than the quad cane. However, there was a lack of documented rationale for a wheeled walker. Given the above, the request for a wheeled walker with a seat is not medically necessary.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Unit.

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

Decision rationale: The California MTUS Guidelines recommend a one-month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three-months of pain and evidence that other appropriate pain modalities have been trialed and failed. The clinical documentation submitted for review failed to indicate the injured worker had other pain modalities that had been trialed and failed. There was a lack of documentation indicating whether the unit was for rental or purchase. If for purchase, there was a lack of documentation of a trial. Given the above, the request for a transcutaneous electrical stimulation unit for home use is not medically necessary.

A FOLLOW-UP VISIT IN SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, office visit.

Decision rationale: The Official Disability Guidelines indicate that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability as well as reasonable physician judgment. The determination is also based on what medications the injured worker is taking since some medications such as opiates require close monitoring. The clinical documentation submitted for review would support a necessity for a return visit. However, the request as submitted failed to indicate the type of visit whether it was a specialist or a primary care visit. Given the above, the request for followup in 6 weeks is not medically necessary.

