

Case Number:	CM13-0065358		
Date Assigned:	01/03/2014	Date of Injury:	04/20/2011
Decision Date:	05/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 58 year old female with date of injury of 04/20/2011. The listed diagnoses per [REDACTED] dated 11/04/2013 are degenerative endplate changes of the cervical spine with multiple level of neuroforaminal stenosis causing CS radiculopathy, lumbar spine 4-5 mm disc bulge at L4-L5 causing LS radiculopathy and left shoulder impingement syndrome. According to the progress report, the patient presents with chronic neck and back pain. She has radiation of pain all the way down to the right leg with intermittent numbness of the right leg. She indicates she has even fallen due to the right leg being numb and very weak. On physical examination, she has significant stiffness and spasm of the cervical spine with decreased range of motion by about 50%. Forward flexion of the neck causes severe pain down to the thoracic spine. She has trapezial spasm and tenderness and weakness of both upper extremities. Examination of the lumbar spine, she is limping. She has positive straight leg raise. She has stiffness, spasm and decreased range of motion. She has radiculopathy to the right lower extremity down to the right foot. The provider is requesting a lumbar support brace, TENS unit and toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Post Op Bracing.

Decision rationale: This patient presents with chronic neck and back pain. The provider is requesting a lumbar support brace to wear while working and at home. The ACOEM guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Furthermore, the ODG Guidelines does not recommend lumbar supports for prevention stating that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. In this case, ACOEM and ODG do not support its use for the treatment of nonspecific low back pain. Recommendation is for denial.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens - Transcutaneous Electrotherapy.

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

Decision rationale: This patient presents with chronic neck and back pain. The provider is requesting a TENS unit for home use to help manage the patient's chronic pain. The California MTUS Guidelines page 114 to 116 on TENS unit states, "Not recommended as a primary treatment modality but a 1 month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration". The review of 338 pages of records show that the patient has not trialed a TENS unit at home. None of the documents provided mention when it was used, how often it was used, and with what outcome such as pain reduction and function. In this case, the patient need to trial a TENS unit at home to determine its efficacy in terms of function and pain reduction as required by the MTUS guidelines. Recommendation is for denial.

TOXICOLOGY TEST: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This patient presents with chronic neck and back pain. The provider is requesting a toxicology test. The California MTUS Guidelines does not specifically address how frequent urine drug screens should be obtained for various risk opiate users. The ODG Guidelines provide a clearer guideline. For low-risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. The review of records show that

the patient had 2 unremarkable UAs in 04/11/2013 and 11/04/2013. The provider went ahead and did the urinalysis before UR denied it on 12/09/2013. In this case, the recent UA would be a follow-up of the initial screen. Recommendation is for authorization.