

Case Number:	CM13-0066214		
Date Assigned:	01/03/2014	Date of Injury:	09/13/2012
Decision Date:	03/19/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 was injured on September 13, 2012 while pushing a giant bull that was very heavy when he lost control of it, injuring his low back. Diagnostic studies include, NCV and EMG performed 12/20/2013 revealed a normal study MRI of the Lumbar Spine performed 12/13/2012 revealed broad annular protrusion with an extruded fragment component dissecting caudally in the left lateral recess compromising and compressing the transiting left L5 root and L4-5. Clinic note dated 11/05/2013, documented the patient to have complaints of constant low back pain, which is rated as moderate occasionally severe. He stated that his pain radiates to his left leg. He reported numbness and tingling sensation. The pain increases when bending and lifting, and decreases when resting. He also stated that he was seeing an orthopedic surgeon who recommended low back surgery. The patient would not like surgery at this time. He would not like any injections either. The patient complained of less depression, insomnia, and anxiety. Objective findings on exam concluded the patient is in no distress. He is a well-developed, well-nourished and cooperative male. LUMBAR SPINE: Inspection: Normal lordosis. No ecchymosis, no abrasions, no inflammation, no lacerations, and no surgical scars. He had tenderness to palpation with spasms of the paraspinals and tenderness to palpation on the bilateral sacroiliacs. He had limited range of motion secondary to pain. Orthopedic Test: Positive Sitting Root. He had hypoesthesia of the left lateral thigh. Reflexes: Patellar L4 and Achilles S1 are 2+ bilaterally. Strength: Low back is 2+/5. The patient was diagnosed with Lumbar spine disc protrusions with radiculopathy, gastritis, and chronic pain

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot & Cold pack with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 48.

Decision rationale: The patient has a date of injury that is over one year ago. The patient's provider has requested heat and cold pack with wraps; although there is no clear reason for this request by the provider. The CA MTUS does recommend heat and cold wraps as an initial treatment, during the acute to subacute phases for a period of two weeks or less. As such, there is no indication, at this time, that the use of a hot and cold pack with wrap would be considered medically necessary.

Lumbar rehabilitation kit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requesting physicians note from November 5th does not have details on the type of lumbar rehab kit. There is no clinical information supporting this request, with the most recent documented physical examination showing no objective findings. Therefore, request for lumbar rehab kit is non-certified.

ThermaCooler System, rental 8 weeks, ThermaCooler Pad/Wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: Clinical documentation does not indicate the patient has agreed to any type of surgical intervention. The request for a cooling unit is not justified based on the lack of supporting documentation. The most recent physical history shows no objective findings.

TENS unit purchase with 1 year of supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 149-150.

Decision rationale: According to CA MTUS guidelines, the use of a TENS unit is recommended if "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Most recent providers' notes from 11/05/2013 do not indicate any lack of response to pain management. In addition, there should be a trial of one month prior to issuance of an entire year for this type of a unit; there was no documentation to support this has been done.

The request for supervised functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: According to the CA MTUS, Functional supervised restoration programs can be considered medically necessary for patients who don't have the minimal functional capacity to participate in a non supervised program; have medical conditions that require more intensive oversight; are receiving large amounts of medications necessitating medication weaning; or have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. According to the records, there is no indication the patient would require this type of treatment

acupuncture, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS, acupuncture should be used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation. The use of acupuncture has not been found effective in the management of back pain, based on several high-quality studies. Further, acupuncture should produce functional improvement within 3 to 6 treatments. If there is no improvement, the treatment should not continue. The request for 12 sessions is outside of these timeframes

range of motion and strength testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The clinical documentation does not indicate of any specialized testing for these objective measurements, which can, and should, be determined in an office setting during routine evaluation. No indication to support obtaining range of motion and strength testing outside normal routine evaluation. Therefore, request for range of motion and muscle testing is non-certified

psychiatric consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 306,Chronic Pain Treatment Guidelines Page(s): 10-13.

Decision rationale: Psychological screening should be considered before a referral for surgery to improve surgical outcomes, when a patient has a failure to improve, for the selection of chronic pain treatment programs. The patient has not exhibited any other concerns or behaviors to warrant a detailed psychological evaluation, in fact, his provider noted on 11/05/2013 there are less signs of depression, insomnia, and anxiety