

Case Number:	CM13-0066631		
Date Assigned:	01/03/2014	Date of Injury:	07/06/2013
Decision Date:	06/13/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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:

Prior treatment history has included the patient to have had physical therapy (8 sessions) with minimal relief. No mention of TENS therapy in records. Diagnostic studies reviewed include lumbar x-rays, 4-5 views, dated 07/16/2013 revealing mild decreased joint space L5-S1, osteophyte to anterior vertebrae L3-L3 with normal alignment. On 07/16/2013 it was noted that MRI of lumbar spine reveals decreased lordosis, disc desiccation, and L5-S1 3mm disc protrusion. The progress note dated 07/16/2013 documented the patient to have complaints of excruciating (pain level 10/10) pain that is sharp, with soreness, and aching constant. Radiation of pain: left posterior leg without numbness/tingling or weakness. Associated symptoms: none. Patient has used Tylenol with no relief. Objective findings on exam included review of systems with no concerns about fatigue or weight loss. Respiratory: No breathing problems, cough or shortness of breath. Extremities muscle strength and tone normal bilaterally. Examination of the back reveals L2-L5 bilateral transverse spinous process tenderness. L2-L5 posterior spinous tenderness, mild paravertebral tenderness and back muscle spasm to left only. Straight leg raise bilateral positive at 30 degrees. Sacroiliac: antalgic gait. Sleep: there is complaint of loss of sleep due to pain. Psychological: Patient suffers from depression, anxiety and irritability. Examination of lumbar spine reveals gait slow/guarded, uses back brace. The ranges of motion are decreased and painful. There is tenderness to palpation of the paravertebralmusclesand muscle spasm of the paravertebral muscles. Kemp's causes pain bilaterally. Straight leg raise is positive bilaterally. New evaluation report dated 09/13/2013 documented the patient with lumbar spine pain that radiates down to buttocks with tingling and numbness. SLR, and ROM all planes by 30 degrees. Positive spasm to paraspinals. The doctor's First Report of Occupational Injury dated 09/09/2013 documents the patient with complaints of pain in the legs. Objective findings are illegible. Diagnosis: Lumbar spine strain/sprain with bilateral lower extremity radiculopathy. Findings are

not consistent with patient's account of injury or onset of illness. The note dated 10/14/2013 documented the patient complains of constant severe dull, achy, sharp low back pain, stiffness and weakness. There is a complaint of loss of sleep. Patient suffers from depression, anxiety and irritability. The note dated 10/17/2013 documents the patient with complaints of constant severe dull, sharp low back pain and stiffness. Objective findings on exam include on lumbar exam toe/heel walk intact, Nachias is positive. Diagnosis: Lumbar sprain/strain and lumbar radiculopathy. Treatment plan: Protonix 20 mg #60, Naproxen 550 mg #60, Fexmid 7.5 mg #90, Tramadol 150 mg #60. The note dated 11/25/2013 treatment plan: psyche consult, discontinue sleep study. Continue with lumbar spine spinal decompression therapy, chiropractic 2 x 4 and physical therapy 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDIES CONSULTATION:: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)PAIN, POLYSOMNOGRAPHY SECTION.

Decision rationale: According to the Official Disability Guidelines (ODG), a sleep study (polysomnography) may be recommended when certain particular indicators are present, such as narcolepsy, sleep-related breathing disorder or periodic limb movement disorder is suspected, or insomnia complaint for at least six months (at least four nights of the week) that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Sleep complaint was noted; however the medical records do not provide any details regarding this. The duration of sleep loss, any attempts to address this complaint has not been documented. The medical records do not demonstrate the patient meets the necessary criteria to support he is a candidate for sleep study. The request is not medically necessary or appropriate.

MRI OF THE LUMBAR SPINE (OPEN MRI): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to the guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who surgery is considered an option. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The

medical records do not establish the patient presents with neurological deficits on examination and failure to respond to conservative measures. Additionally, there no indication that the patient is a surgical candidate. In the absence of findings suggestive of red flags or surgical indications, and failure or conservative care, MRI of the lumbar spine is not supported. Therefore, the request is not medically necessary.

PSYCHOLOGICAL EVALUATIONS,: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 298,Chronic Pain Treatment Guidelines Psychological Evaluation Section, Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychological Evaluation Section.

Decision rationale: According to the guidelines, a psych evaluation may be recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions. The references state specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. The medical records do not reveal detailed documentation of psych-related subjective complaints with corroborating clinical findings and observations as to support medical necessity for psychological evaluation. The medical necessity of a psych evaluation has not been established.

HOME TENS UNIT-PURCHASE:: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section, Page(s): 114-115.

Decision rationale: According to the CA MTUS guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: neuropathic pain, phantom limb pain and CRPS II, multiple sclerosis, and spasticity. The medical records do not establish that the patient is a viable candidate for a TENS unit, as there is no evidence that he has any of the above listed conditions, to justify consideration for a home-based TENS unit trial. Consequently, medical necessity for purchase of a tens unit is not established.