MAXIMUS Federal Services

Case Number:	CM13-0069832		
Date Assigned:	01/08/2014	Date of Injury:	04/04/2007
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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 Pain Medicine and is licensed to practice in California and Virginia. 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 33-year-old male who was injured on 04/04/2007 while bending forward putting a 250-pound cement piece from a worktable onto the floor when he felt a sharp pain in his back. The patient was declared permanent and stationary as of 08/27/2008 with future medical provision of possible need for lumbar nerve root decompression. Prior treatment history has included three epidural injections, and chiropractic therapy. In regards to the Norco, the patient was prescribed Norco 10/325 the first time back on March 21, 2013. In February (and some days before that) the patient had been taking Vicodin as well as Vicodin ES. 10/31/2013 Medications Include: Norco 10/325 mg twice a day for moderate to severe pain. The patient states that it is the only thing controlling his symptoms. He also takes OTC NSAIDs and Prilosec. MRI of the lumbar spine revealed an 8.8mm X 11.2mm caudally dissecting disc extrusion at L3/4, a 7.4mm disc extrusion extending 11mm caudally at L4/5, and a grade I spondylolytic anterolisthesis of L5, which appears to encroach the left L5 nerve root. Orthopedic evaluation dated 10/31/2013 (unchanged since 08/01/2013) which indicated the patient continued to have complaints of low back pain with intermittent radiculopathy and he still expresses numbness to the top part of his feet. Objective findings revealed tenderness over the paravertebral muscle of the lumbar spine. There is +2 muscle spasm. The patient has decreased range of motion with anterior flexion of the trunk. He has positive straight leg raise on the left at 20 degrees and on the right 40 degrees. He has decreased sensation over the L4 and L5 dermatomes. His motor strength is 5/5 bilaterally; deep tendon reflexes, patella and Achilles, are +2 bilaterally. A progress report dated 11/13/2013 documented the patient to have complaints of constant severe pain that was described as sharp, tingling and numbness radiated into the buttocks, thighs, legs and bottom of feet. It was noted that the patient was taking pain medication and medication for depression and anxiety. Objective

findings on exam revealed a +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Lumbar spine range of motion was painful and decreased in flexion, extension, left bending, right bending, left rotation, and right rotation. Due to the patient's subjective complaints and objective findings, no additional therapy is being requested. The patient was prescribed Tramadol 50 mg take 1 capsule by mouth as needed for pain, 4-5 prn; LSO in order to stabilize the lumbar spine and promote healing. A multi-interferential stimulator one-month rental was prescribed for the patient in order to decrease pain and muscle spasm. The MutilStim unit is required due to other treatments already having been attempted and continued pain over 3 months, and planned ongoing treatments. The patient needs a surgical orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH RENTAL OF AN INTERFERENTIAL STIM UNIT: 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 Interferential Current Stimulation (ICS),. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 21: Physical Agent Modalities, pages 459 - 478

Decision rationale: As per CA MTUS guidelines, "interferential stimulator is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone." In this case, this patient is doing home exercises and taking medications, which are not helping; however, he is currently not working. As such, the request is non-certified.

RANGE OF MOTION MEASUREMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292..

Decision rationale: The CA MTUS guidelines state the physical examination should include monitoring the patient during range of motion testing as a part of the test. There is no indication for a formal Range of motion test for this patient as there is no request for additional treatment, which may require a specific test.