

<b>Case Number:</b>	CM14-0004847		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 47 year old female with date of injury 7/17/13. The treating physician report dated 12/13/13 indicates that the patient presents with pain affecting the mid to lower back region, rated a 5/10. The current diagnoses are thoracolumbar strain with myofascial pain syndrome and muscle spasms. The utilization review report dated 12/28/13 denied the request for MRI thoracic spine, MRI lumbar spine and a 6 month trial of TENS based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI OF THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI.

**Decision rationale:** The patient presents with mid to lower back pain that is rated a 5/10. The current request is for MRI of the thoracic spine. The treating physician report dated 12/13/13

indicates a normal neurological examination with decreased lumbar flexion and decreased left lateral flexion and muscle spasms. The treating physician states that the patient has failed 5 months of conservative care including time off of work, chiropractic and physical therapy. The California MTUS guidelines do not address thoracic spine MRI scans. The ODG guidelines neck and upper back chapter for thoracic MRI states, "Upper back/thoracic spine trauma with neurological deficit." The treating physician has not documented that the patient has any neurological deficits. The report dated 12/13/13 states that muscle strength, sensory exam and reflexes are all normal. Recommendation is for denial.

### **1 MRI OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar, MRI.

**Decision rationale:** The patient presents with mid to lower back pain that is rated a 5/10. The current request is for MRI of the lumbar spine. The treating physician report dated 12/13/13 indicates a normal neurological examination with decreased lumbar flexion and decreased left lateral flexion and muscle spasms. The treating physician states that the patient has failed 5 months of conservative care including time off of work, chiropractic and physical therapy. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for, "Uncomplicated low back pain, suspicion of cancer, infection, other red flags. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome." The provider in this case has not presented any evidence of any of the criteria associated with uncomplicated lower back pain to warrant an MRI of the lumbar spine. Recommendation is for denial.

### **1 6-MONTH TRIAL OF TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** The patient presents with mid to lower back pain that is rated a 5/10. The current request is for a 6 month trial of TENS unit. The treating physician notes that the patient has had some success with a trial of TENS during chiropractic care and has recommended a TENS unit purchase to help self manage chronic pain. The California MTUS guidelines regarding TENS for chronic pain state, "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 conditions

described below." The current request is for a trial of TENS unit for 180 days which is beyond the guideline recommendations. There is nothing in the records provided that indicates that the patient has had a one month trial of TENS at home. The report dated 12/13/13 recommends a purchase of a TENS unit. The provider has failed to document that a 30 day trial of TENS has occurred therefore California MTUS does not recommend a purchase of a TENS unit. The current request of a 6 month trial is beyond the guideline recommendations. Recommendation is for denial.