MAXIMUS Federal Services

Case Number:	CM14-0106844		
Date Assigned:	08/01/2014	Date of Injury:	04/21/2004
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

Patient is a 61-year-old who has submitted a claim for lumbar disc protrusion status post fusion and hardware removal, right sided L5 radiculopathy, failed back syndrome, and peri-incisional hernia associated with an industrial injury date of April 21, 2004. Medical records the 2014 were reviewed. Patient complained of pain in the bilateral shoulders and bilateral elbows, rated 6/10 in severity. Patient likewise complained of low back pain, radiating to bilateral lower extremities, associated with numbness and tingling sensation. Physical examination of the lumbar spine showed tenderness and restricted range of motion. Sensation was diminished at L5 to S1 dermatomes. Motor strength of bilateral lumbar extremities was graded 3/5. Reflexes were normal. Patient was last seen by orthopedic surgeon on July 2, 2014. Patient was prescribed oral and topical medications, as well as advised to undergo CT scan of the thoracic and lumbar spine. Treatment to date has included lumbar spine surgery, physical therapy, and medications such as tramadol, zolpidem, Robaxin, and topical creams. Utilization review from June 30, 2014 denied the request for CT scan of the thoracic spine because there were no thoracic complaints and physical examination documenting red flag conditions; denied CT scan of the lumbar spine because there were no neurologic deficits in bilateral lower extremities; denied electrodes for TENS unit x 4 because there was no mention that it provided objective functional improvement; and denied orthopedic reevaluation in 6 weeks because he was not determined to be a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) Scan of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines (2nd edition, table 12-8), imaging for the backOfficial Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed tomography).

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Low Back Chapter, CT (computed tomography) was used instead. The guideline recommends CT scan of the thoracic spine for thoracic spine trauma with equivocal plain films and thoracic spine trauma with neurologic deficit. In this case, there were no subjective complaints and objective findings pertaining to the thoracic spine that may support the present request. The medical necessity cannot be established due to insufficient information. Therefore, the request for CT scan of the thoracic spine is not medically necessary or appropriate.

CT (computed tomography) Scan lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines (2nd edition, table 12-8), imaging for the backOfficial Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed tomography).

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Low Back Chapter, CT (computed tomography) was used instead. The guideline recommends CT scan for lumbar spine trauma, presence of neurologic deficit, seat belt fracture, myelopathy, infectious disease, and when evaluating successful spine fusion if plain x-rays do not confirm it. In this case, the patient underwent lumbar fusion surgery with subsequent removal of hardware in 2008. Patient complained of persistence of low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Physical examination of the lumbar spine showed tenderness and restricted range of motion. Sensation was diminished at L5 to S1 dermatomes. Motor strength of bilateral lumbar extremities was graded 3/5. Reflexes were normal. Clinical manifestations are consistent with focal neurologic deficit; hence, further investigation by utilizing CT scan has been established. Therefore, the request for CT scan of the lumbar spine is medically necessary and appropriate.

Electrodes for TENS unit (Transcutaneous Electrical Neural Stimulation) times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114,116.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, TENS units are 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. In this case, there were no reports that use of TENS unit provided symptom relief and functional improvement. The medical necessity cannot be established due to insufficient information. Therefore, the request for Four electrodes for aTENS unit is not medically necessary or appropriate.

Orthopedic re-evaluation in six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complained of persistent low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Physical examination showed weakness and dysesthesia of lower extremities. Patient was last seen by orthopedic surgeon on 7/2/2014. He was prescribed oral and topical medications, as well as advised to undergo CT scan of the thoracic and lumbar spine. Simultaneous request for CT scan of the lumbar spine has been established. Patient's response to prescribed medications, as well as, imaging results may guide the physician in managing patient's condition. Therefore, the request for Orthopedic re-evaluation in six weeks is medically necessary and appropriate.