

Case Number:	CM14-0016104		
Date Assigned:	02/28/2014	Date of Injury:	12/09/2009
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/07/2014

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 Pain Management, 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 51-year-old female with date of injury of 12/09/2009. The listed diagnoses per [REDACTED] dated 01/21/2014 are: 1. Left disk disease. 2. Lumbar radiculopathy. 3. Lumbar facet syndrome. According to this report, the patient complains of low back pain that she rates 8/10. The pain is described as dull, aching, sharp, stabbing, and heavy with numbness to the bilateral legs, knees left side greater than the right. She also complains of left knee cracking and burning and she feels like her bone is "growing." Her current list of medications include gabapentin, cyclobenzaprine, hydrocodone, Theramine, Terocin, and Lidoderm patches. The physical examination of the lumbar spine shows normal lordosis and alignment. There is no tenderness noted. There is moderate facet tenderness from L3 through S1. Kemp's test is positive bilaterally. Straight leg raise is positive at 60 degrees on the right and 60 degrees on the left. The lumbar spine range of motion is diminished. There is decreased sensation along the L4 and L5 dermatomes bilaterally. The utilization review denied the request on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: This patient presents with low back and left knee pain. The treater is requesting an MRI of the Lumbar Spine. The ACOEM Guidelines page 303 on MRI of the lumbar spine states, "Unequivocal objective findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence toward imaging in patients who do not respond to treatments and who would consider surgery an option. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In addition, ODG states that repeat MRIs are not particularly recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The review of records show that the patient's last MRI was from 12/19/2010 showing a mild straightening of normal lordotic curvature and a 2-mm broad-based posterior disk protrusion at L2-L3 with a 3-mm posterior disk protrusion at L3-L4, and a 2-mm right posterolateral disk protrusion at L4-L5. The examination dated 01/21/2014 notes a positive straight leg raise and Kemp's test. In this same report, the treater notes, "The patient needs a new MRI of the lumbar spine since it has been more than 3 years since the last scan and her symptoms have changed." However, the patient continues to experience similar symptoms but just subjectively worse. Examination does not reveal any new weakness or any red flags such as bowel/bladder symptoms. The patient already had an MRI with benign findings and a repeat MRI does not appear warranted. The request is not medically necessary and appropriate.

URINE TOXICOLOGY SCREENING QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing. Decision based on Non-MTUS Citation ODG

Decision rationale: This patient presents with low back and left knee pain. The treater is requesting a urine toxicology screening. While MTUS does not specifically address how frequent urine drug screen should be obtained for various risk opiate users, ODG Guidelines provide a more clear guideline. For low risk opiate users, a yearly urine screen is recommended following initial screening within the first 6 months. The 156 pages of records do not show any recent or prior urine drug screen. In this case, a UDS is reasonable to monitor medication adherence since the patient is currently taking an opioid. The request is medically necessary and appropriate.

INTERFERENTIAL UNIT WITH SUPPLIES QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

Decision rationale: This patient presents with low back and left knee pain. The treater is requesting an interferential unit with supplies. The MTUS Guidelines page 118 to 120 on interferential current stimulation states, "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." While not recommended as an isolated intervention, the patient selection criteria includes: 1. Pain is ineffectively controlled due to diminished effectiveness of medications 2. Pain is ineffectively controlled with medications due to side effects 3. History of substance abuse 4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment 5. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case, the patient does not meet a number of required criteria for a one-month trial of an IF Unit. There is no indication that medications are not working and ineffective due to side effects. In addition, the patient does not have a history of substance abuse or unresponsiveness to conservative treatments. Given that the patient does not meet the criteria set above by the MTUS Guidelines, recommendation is for denial.