

Case Number:	CM14-0134610		
Date Assigned:	08/27/2014	Date of Injury:	11/13/2013
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

The patient is a 44-year-old female who has submitted a claim for backache due to a possible annular tear associated with an industrial injury date of November 13, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of intermittent back pain described as mild pressure and rated at 2-3/10. The patient only had radiation when she was running. The patient also experienced some muscle weakness. Examination revealed mild tenderness to the thoracic paraspinals, left greater than right at approximately the T7 level. Reference to an MRI of the thoracic spine dated 2/12/14 revealed normal study. Treatment to date has included physical therapy, 12 sessions of chiropractic therapy (which provided temporary relief) and medications. Tramadol had been reported to be ineffective and Ibuprofen produced face swelling. The patient was also using Flector patch which provided significant relief. Utilization review from August 6, 2014 denied the request for x-ray of thoracic spine with 4 way bending, CBC, Chem 19, and TENS UNIT 3 months. The request for the x-ray was denied because there was no evidence that the patient had suffered from thoracic spine trauma, or was experiencing chronic pain. The results of a recent MRI of the thoracic spine were not provided for review. The request for CBC; Chem 19 was denied because the treating physician did not provide a rationale behind the requested labs and the previous date of any lab results was not provided. The request for TENS unit x 3 months was denied because there was no evidence that past treatments have failed, as evidenced by the note of the treating physician that the patient had improved since the date of injury and was benefitting from Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of Thoracic Spine with 4 Way Bending: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Radiography (x-rays)

Decision rationale: The California MTUS 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 was used instead. Official Disability Guidelines does not recommend routine x-rays in the absence of red flags. Indications for plain x-rays include severe thoracic spine trauma with severe pain, without neurological deficit; and thoracic spine trauma with neurological deficit. In this case, the progress notes specifically noted that there was no red flag sign. The patient did not have severe thoracic spine trauma with severe neither. Moreover, no neurologic deficit was elicited and the thoracic spine MRI was normal. It is unclear why the provider requested for a thoracic spine X-ray. Therefore, the request for X-ray of Thoracic Spine with 4 Way Bending is not medically necessary.

CBC, CHEM 19: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>)

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. In this case, the rationale for the requested test was unclear. The medical records did not provide indications that would warrant additional tests. The medical necessity has not been established. Therefore, the request for CBC, CHEM 19 is not medically necessary.

TENS UNIT, 3 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: As stated on page 114-116 of the California MTUS 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient's complaint was back pain and injury date was on 11/13/2013. However, it is not clear, due to lack of records provided (there was only 1 progress note included in the records provided) whether the patient had experienced back pain since injury date and hence, it is unclear whether her pain could already be classified as chronic (at least three months duration). Other appropriate therapies have been tried and Flector patch had been reported to be effective. Moreover, there was no treatment plan that included the specific short- and long-term goals of treatment with the treatment unit. Criteria for the use of a TENS unit were not present in this patient. Therefore, the request for TENS UNIT for 3 months is not medically necessary.