MAXIMUS Federal Services

Case Number:	CM14-0152755		
Date Assigned:	09/22/2014	Date of Injury:	03/26/2014
Decision Date:	10/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This case involves a 48 year-old male with a 03/26/14 date of injury. Progress report dated 07/17/14, states complaints of lumbar spine, moderate pain in the lower back region, stiffness of the lower back and inability to bend or stoop due to lower back pain. He notes some radicular component to his lower back pain, with associated numbness and tingling sensations involving both lower extremities, down to the level of the thighs. The patient has constant pain to left groin/inguinal region and pain with burning sensation with urination. Prolonged standing and walking causes increased pain to the left groin/inguinal region and increased pain and has difficulty when lifting 5 to 10 pounds. There is pain when trying to walk at a fast pace. He notes increased pain when coughing and sneezing. The objective findings of the lumbar spine revealed the injured worker lower back feels stiff with prolonged sitting with ranges of motion that is painful. There is tenderness to palpation of the lumbar paravertebral muscles. Kemp's causes pain. Straight Leg Raise is negative and Valsalva's is negative. Yeoman's causes pain. Patrick's FABERE is negative. It was noted there was tenderness at the left groin/inguinal region. Further examination is deferred to the appropriate specialist. Diagnoses include lumbar sprain/strain and inguinal hernia. Treatment plan includes acupuncture two times per week for the next three weeks to address the lumbar spine discomfort, psychological evaluation for chronic pain and TENS unit for home use as necessary. The patient indicates that the pain of the abdomen and groin worsens with lifting and bending. A referral to a general surgeon for evaluation of persistent discomfort of the groin was requested. The patient is recommended for a follow-up with [redacted] for treatment recommendations and pain medications as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-month home trial TENS unit: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality but as one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable 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. There is no documented evidence of tried and failed pain modalities. Therefore, the guideline criteria are not met and the request is not medically necessary.

2 month supplies to use with TENS unit: Upheld

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

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

Decision rationale: Since one-month home trial TENS unit is not recommended, the supplies for TENS unit are also not considered medically necessary.

MRI pelvic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis Chapter, MRI (Magnetic Resonance Imaging) section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Hernia Chapter Imaging Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. (Treatment Planning) Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias

Decision rationale: The listed diagnoses include lumbar sprain/strain and inguinal hernia. An MRI is not recommended by Official Disability Guidelines (ODG) except in unusual situation as

well as documentation radiculopathy. The medical records do not clear note the injured worker presently has signs of radiculopathy. The records do not contain a rationale to substantiate this request. Therefore, the request is not medically necessary.

MRI abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hernia Chapter, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Hernia Chapter Imaging Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. (Treatment Planning) Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias

Decision rationale: The listed diagnoses include lumbar sprain/strain and inguinal hernia. An MRI is not recommended by Official Disability Guidelines (ODG) except in unusual situation as well as documentation radiculopathy. The medical records do not clear note the injured worker presently has signs of radiculopathy. The records do not contain a rationale to substantiate this request. Therefore, the request is not medically necessary.