

Case Number:	CM14-0026074		
Date Assigned:	06/13/2014	Date of Injury:	01/25/2013
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old female who reported an injury on 01/25/2013 from box falling backwards on top of her that she was carrying. Upon examination on 01/29/2014, the injured worker was working, performing her usual and custodial duties. he injured worker was seen after the injury and received an MRI and x-ray of the lumbar spine on 01/26/2013. She had also received an epidural injection along with medication and physical therapy twice a week for 2 months without any relief. On examination of the lumbar spine, the injured worker reported constant pain in the low back that was described as throbbing and aching. The pain rate was a 10/10. The pain travelled to her bilateral legs, extending to her sciatic nerve. The pain increased with standing, walking, bending, squatting, stooping, kneeling, pushing, pulling, lifting, and carrying. The injured worker also complained of anxiety and depression due to the pain and stress, and insomnia due to the pain. The injured worker had difficulties with activities of daily living to include self care, personal hygiene, standing, sitting, reclining, walking, climbing stairs with or without use of hand rails, housework, lifting, and driving. The cervical spine range of motion revealed forward flexion at 50 degrees and extension at 60 degrees; rotation at 80 degrees bilateral, and bending at 45 degrees bilateral. There was no asymmetry of the web outline of the neck area. There was no tenderness or spasm noted. The thoracic spine range of motion revealed flexion at 45 degrees and rotation at 20 degrees bilaterally. There was no tenderness. The lumbar spine range of motion revealed flexion 45 degrees, extension at 15 degrees, and bending at 20 degrees bilateral. There was a positive straight leg raise test at 75 degrees bilaterally, eliciting pain at L5-S1 dermatome distribution. Upon palpation, the physical exam revealed tightness and spasm paraspinal musculature. There was no tenderness at posterior/superior spine. There was facet joint tenderness at L3, L4, and L5 levels bilaterally. Diagnostic studies include x-ray of the

lumbar spine, which revealed endplate compression fracture superior endplate at L2; severe narrowing L2-3 with retrolisthesis, severe narrowing endplate scoliosis L1-2, L2-3; narrowing L4-5, L5-S1, loss of lordosis and no fracture. The injured worker has diagnosis of lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy. Prior treatment included medications, epidural injection, a bone scan, EMG/NCV, MRI of the lumbar spine, TENS unit. The current medications provided included Anaprox 550 mg, 1 tablet twice a day for inflammation; Prilosec 20 mg, 1 tablet twice a day for gastritis secondary to NSAIDs taken; Ultram 150 mg, 1 tab daily for pain; Norco 10/325 mg, 1 tablet every 4 to 6 hours as needed for pain; Motrin and Soma. The treatment plan is for a 1-month home-based trial of TENS, a bone scan, and TLSO brace. The Request for Authorization was dated 02/19/2014. The rationale is partially within the documentation on 01/29/2014. The rationale for the TENS unit is for home use and pain relief purposes. The rationale for the TLSO brace is for support and relief purposes. The rationale for the bone scan is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME BASED TRIAL OF NEUROSTIMULATOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS-EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: The injured worker has a history of low back pain. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state the use of a TENS unit as a 1 month home-based trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration for chronic pain. The provider prescribed a TENS unit for home use in pain relief purposes. There was a lack of documentation to support the use of neurostimulator. The patient continued to have pain 10/10. There is insignificant documentation of other trial and failure of any other prior treatments. As such, the request for a 1-month home-based trial of neurostimulator transcutaneous electrical nerve stimulator (TENS-EMS) unit is not medically necessary.

BONE SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter - Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Bone Scan.

Decision rationale: The injured worker has a history of upper back pain. The Official Disability Guidelines do not recommend a bone scan except for bone infection, cancer, or arthritis. There is a lack of documentation to support the bone scan as there was a lack of documentation indicating the injured worker had a bone injection, cancer or arthritis to meet guideline criteria. The guidelines do not recommend bone scan for chronic pain. Therefore, the request for bone scan is not medically necessary and appropriate.

TLSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The injured worker had a history of back pain. The provider is requesting a TLSO brace for support and relief purposes. The California Medical Treatment Utilization Schedule (MTUS) stated that lumbar supports have had no lasting benefits beyond the acute phase of symptom relief. The injured worker continued to have pain, but has exceeded the acute phase of symptom relief. Therefore, the request for TLSO Brace is not medically necessary and appropriate.