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| Case Number: | CM14-0037501 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/26/2008 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 Orthopedic Surgery 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 claimant is a 52 year old female who sustained a vocationally related low back injury on December 26, 2008. The records provided for review included the report of an open MRI of the lumbar spine dated June 2, 2009, which identified at T 12 - L1 a 2 millimeter posterior disc protrusion, spondylosis and the neural foramina appear to be patent; at L 4-5 level a 2 - 3 millimeter posterior disc protrusion, disc desiccation, moderate to severe hypertrophic facet changes and the neural foramina appeared patent with no evidence of spinal stenosis; and at L 5 - S 1 a 2 -3 millimeter central disc protrusion, spondylosis, disc desiccation, hypertrophic facet changes and lateral recessed stenosis present bilaterally. The March 28, 2014 office visit with [REDACTED] documented that examination showed straight leg raise, Braggard's and Bowstring tests were all strongly positive bilaterally and lower extremity motor weakness in the bilateral extensor hallucis longus muscle groups at 4/5. There was sensory deficit noted in the bilateral L 5-S 1 dermatomes. Diagnosis was documented as T 12 - L 1 disc protrusion and sprain/strain, L 4- 5 disc protrusion with disc desiccation/annular tear and facet arthropathy, L 4-5 disc protrusion with disc desiccation, bilateral neural foramina narrowing, severe spondylosis/facet hypertrophy of L 5 -S 1, and bilateral lower extremity radicular pain. The April 7, 2014 office visit with [REDACTED] noted complaints of continuous back pain that radiated to the bilateral lower extremities with numbness and tingling. The physical exam findings were documented to be unchanged. Documentation of conservative treatment included lap band surgery, hiatal hernia repair, lumbar pillow, and physical therapy. The current request is for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

Decision rationale: The California MTUS ACOEM Guidelines do not support the request for an MRI of the lumbar spine. The medical records do not contain documentation of any recent plain radiographs which are considered to be first-line diagnostic study of choice in attempts to identify pathology which may be responsible for ongoing symptoms and abnormal physical exam findings. The ACOEM Guidelines recommend an MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The records do not document that there is progressive or worsening symptoms or radicular complaints of the bilateral lower extremities. The previous MRI of the lumbar spine appears to have identified pathology which would be responsible for the claimant's ongoing complaints of pain and symptoms. Therefore, based on the records and the ACOEM Guidelines, the request for the MRI of the lumbar spine cannot be considered medically necessary.

X-Force Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based upon the California MTUS Chronic Pain Guidelines, the request for use of an X-Force Stimulator cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend that TENS units are not considered 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. There is no documentation to suggest that the claimant is pursuing or active in traditional first-line conservative treatment options, such as formal physical therapy, home exercise program, or medications which could be in the form of anti-inflammatories or muscle relaxers. In addition, there is no time frame for the request of the TENS unit. Therefore, based on the documentation presented for review and the Chronic Pain Guidelines the request for an X-Force Stimulator cannot be considered medically necessary.

Kronos Lumbar Pneumatic Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (<http://www.odg-twc.com/odgtwc/low_back.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Based on the ACOEM Guidelines, the request for the Kronos Lumbar Pneumatic Brace cannot be recommended as medically necessary. The ACOEM Guidelines do not recommend lumbar supports in the setting of chronic back pain which appears to be the case in this situation. Therefore, the request is not medically necessary.

Valium X2 prior to MRI: 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 Official Disability Guidelines (ODG) Pain chapter, Benzodiazepines.

Decision rationale: The request for the MRI cannot be recommended as medically necessary. Therefore, the request for Valium times two prior to the MRI would also not be necessary.