

Case Number:	CM14-0044036		
Date Assigned:	06/20/2014	Date of Injury:	09/01/2004
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 47 year old male who reported an injury on 09/01/2004 due from bending over in a confined space and when he stood up he heard a snapped in his low back. On June 2008 the injured worker underwent L4-L5 and L5-S1 disc replacement surgery and a posterior lumbar spine fusion from T11 to L4. On 07/23/2012 because of ongoing persistent pain in the low back and left leg the injured worker underwent a spinal cord stimulator trial, in November 2012 the injured worker had a spinal cord stimulator implanted, by December, 2012 revision spinal cord stimulator electrode was removed related to ongoing pain. On 02/19/2014 visit for pain management, current diagnosis, low back pain, thoracic spine pain and depression. The injured worker's presented with complaining of thoracic spine pain 7/10 just above the prior fusion site, there is tenderness and restricted movement the pain is increased with active of daily living with standing, sitting, walking, and lifting. Lumbar spine low back pain with groin radiation, the pain is rated as 7/10 which increased with prolong sitting, standing, and driving. The injured worker also complains of abdominal pain with the feeling of tightness over the incisions. Current medications Hydrocodone 5 mg 1 tablet by mouth twice a day, gabapentin 1200 mg 1 tablet by mouth three times a day, Tizanidine 4 mg 1 tablet by mouth at bedtime, Effexor XR 150 mg 1 tablet at bedtime, Wellbutrin -XL 300mg 1 tablet every day, trazodone 10mg 1 tablet at bedtime, Klonopin 1 mg by mouth as needed for anxiety, Ambien 10mg 1 by mouth at bedtime, intermittent and Adderall for attention deficit. X-ray of the thoracic and lumbar spine reveals posterior rods and screws from T1 through L4 with disc fusion; there is disc replacement at L4-5 and L5-S1. The treatment plan was for thoracic CT scan for diagnostic purposes and was submitted at this time, there was no request for a home interferential unit noted at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: There was no clear indication of how this modality would impact functional status in a positive manner. The CA MTUS pain guideline states that interferential current stimulation (ICS) is not recommended as an isolated intervention. The injured worker has undergone multiple surgeries. There is indication that the injured worker benefitted from an interferential unit in the past during physical therapy treatment. However, clear documentation regarding improvements of the injured worker from this modality alone is not indicated in the report which basically includes reduction of pain levels, increased range of motion and strength, and function. In addition, the request does not include the frequency or duration. As such, the requested home interferential unit is not medically necessary.

Thoracic CT scan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back procedure Summary last updated 03/18/2014 Indications for imaging- computed tomography.

Decision rationale: The injured worker was noted to have increased thoracic spine pain especially adjacent to the low thoracic fusion. But no neurological deficit was documented. The Official Disability Guidelines Thoracic CT scan finds no benefits to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that the injured worker should refrain from routine, immediate lumbar imaging. It is indicated for patients with thoracic spine trauma with equivocal or positive plain films but no neurological deficit and for patients with neurological deficits. The injured worker continues to have thoracic spine pain with tenderness and restricted movement. However, there is limited evidence of significant progression of thoracic spine symptoms to warrant the request. Moreover, documentation provided does not include information that meets criteria for this diagnosis procedure. Therefore, medical necessity for thoracic CT scan is not medically necessary.