

<b>Case Number:</b>	CM14-0066162		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/25/2000
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 25, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and reported return to work as flight attendant. In a Utilization Review Report dated April 28, 2014, the claims administrator failed to approve request for lumbar MRI imaging with and without, also denied a request for one month trial of an electrical simulator device, and denied a request for six sessions of physical therapy. Despite the fact that the MTUS addressed the lumbar MRI issue, the claims administrator nevertheless invoked non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. On December 3, 2013, the applicant reported persistent complaints of low back pain. The applicant was reportedly working full time as a flight attendant, it was stated. In a progress note dated April 1, 2014, the applicant reported persistent complaints of low back pain, 5-7/10, radiating to the buttock and posterior thighs. The applicant reported decreased sitting tolerance. The applicant is using Duexis, Norco, and Lidoderm for pain relief. The applicant had a BMI of 22. Limited lumbar range of motion was noted. It was acknowledged that the applicant had "no hard neurologic deficits." An electrical stimulator, lumbar support, new MRI, and physical therapy were endorsed. On April 18, 2014, it was stated that the applicant's flare of pain had resulted in her temporary absence from the workplace. The applicant was described as having chronic discomfort. The applicant was able to walk on her toes and heels without any gross weakness. The attending provider reviewed an old MRI, which showed evidence of a lumbar fusion at L5-S1 with some evidence of facet arthrosis. Lumbar MRI imaging, TENS unit trial, epidural steroid injection, tizanidine, Duexis, and Norco were endorsed, while the applicant was placed off of work through May 1, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine with and without contrast:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

**Decision rationale:** As noted in the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, MRI imaging is "recommended" as a test of choice, for applicants who have had prior spine surgery. In this case, the applicant has apparently developed some sort of flare of pain, which the attending provider has posited may be function of indwelling fusion hardware and/or arthropathy/pseudoarthrosis associated with the same. Obtaining lumbar MRI imaging to establish the source of the applicant's complaints is indicated. Therefore, the request for an MRI lumbar spine with and without contrast is medically necessary or appropriate.

**One month trial Home E-stim unit for lumbar spine:** Overturned

**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 Criteria for the use of TENS Topic Page(s): 116.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, a one -month trial of TENS unit is indicated in the applicants with chronic intractable pain of greater than three months' duration, which has proven recalcitrant to other appropriate pain modalities, including pain medications. In this case, the applicant is apparently having an acute flare up of low back pain, which has apparently proven recalcitrant to a variety of other pain medications. One month trial of a TENS unit was indicated to try and ameliorate the same. Therefore, the request for one month trial Home E-stim unit for lumbar spine is medically necessary and appropriate.

**Physical therapy 2x3 for lumbar spine:** Overturned

**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 Physical Medicine Topic Page(s): 99.

**Decision rationale:** The six-session course of treatment proposed does conform to the 8 to 10 session course endorsed in the Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis seemingly present here. The applicant did exhibit flare of pain on or round the date of question, resulting in her temporary removal from the workplace. Six-session course of treatment proposed, thus, was indicated to try and facilitate the applicant's return to work and to reinstitute a home exercise program, as suggested by the attending provider. Therefore, the request for physical therapy for lumbar spine, twice weekly for three weeks, is medically necessary and appropriate.