

Case Number:	CM14-0067163		
Date Assigned:	06/23/2014	Date of Injury:	06/09/1997
Decision Date:	07/21/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old female who was injured on 6/9/97. She was later diagnosed with cervical degenerative disc disease, lumbar degenerative disc disease, fibromyalgia, lumbar spondylolisthesis, spinal stenosis of lumbar region, and experienced chronic neck and low back pain over the years. She was treated with surgery (cervical fusion), oral analgesics, gabapentin, topical analgesics, TENS. MRI of the lumbar spine was done in the past at least 10 or more years ago revealing multilevel mild degenerative disc disease. She was seen for a follow-up with a new physical medicine and rehabilitation physician (to her) on 4/16/14 complaining of her neck and mid/low back pain which have continued. She reports having lower extremity symptoms of pain related to her lower back at times. She reported her pain is improved with Lidoderm patches, TENS, and gabapentin, but the quantified level of improvement was not mentioned. Physical exam was significant for limited cervical spine range of motion, positive Spurling's test, normal sensation and strength throughout, negative Hoffman, and no abnormal clonus, negative straight leg raise test, and normal perfusion of her distal extremities. An MRI of the lumbar spine was recommended on 4/17/14 for the evaluation of stenosis, and a TENS unit was prescribed for permanent use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker's evaluation on 4/16/14 involved a thorough physical examination and subjective history review suggested no signs or symptoms worsening nor any suspicion for stenosis or even radiculopathy. Repeat MRI of the lumbar spine in this case does not seem to be warranted and is unlikely to change the treatment plan for her, and is not medically necessary.

Premanent TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. The worker had used TENS in the past many years ago, however, it is unknown if she experienced any significant benefit from its use (functional or pain improvements). There was no documented

evidence of such, either, unfortunately, as far as within the documents provided for review. Therefore, without this documentation of improvement with TENS unit use, it is not medically necessary.