

Case Number:	CM14-0090084		
Date Assigned:	07/18/2014	Date of Injury:	02/06/2013
Decision Date:	08/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/27/2014

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 30-year-old who was injured on February 6, 2013 after falling. He was diagnosed with lumbosacral sprain/strain, lumbosacral radiculitis, thoracic sprain/strain, thoracic radiculitis, and knee sprain/strain. He was treated with physical therapy, home exercises, opioids, muscle relaxants, NSAIDs, topical analgesics, and heat therapy. On April 17, 2014 he was seen by his physician for the first time since June 6, 2013 complaining of lumbar pain 7-8/10 on pain scale. Physical examination notes illegible from the progress note. He was recommended MRI lumbar spine, MRI left knee, referral to surgeon, back brace, TENS (Transcutaneous Electrical Nerve Stimulation), and Theracare. On May 8, 2014, he was again seen by his physician with a complaint of his back and right knee pain. Physical examination revealed tenderness at parafacet areas from T7 to S1 and tenderness and spasm of the paraspinal muscles of mid and lower back and buttocks. Tenderness was noted at both sacroiliac joints. He was recommended pool therapy at that time as well as high density foam flat shoe inserts. On May 15, 2014, the worker was seen by his treating physician complaining of his upper and lower back pain which was constant, sharp and radiated from armpit to hip on left side as well as down left leg with numbness. He reported the occasional headache. He also reported left knee pain (5/10 on pain scale) which was intermittent and sharp. His reported overall pain level was reported as being 9/10 on the pain scale. His medications at the time provided a pain reduction (down to 3-4/10 on pain scale) as well as improved activities of daily living, reportedly. He was then trialed (for 15 minutes) a TENS unit in the office, which reduced his pain to 6/10 on the pain scale with more relaxed muscles and increased range of motion. Physical exam was very limited and only noted that the worker was alert and oriented and that his skin was clean/dry/intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

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): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back sections, MRI.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice 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 Low Back Complaints Chapter of the ACOEM Practice Guidelines 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. Although in this case, the worker seems to have some subjective evidence of radiculitis, no documented evidence was found in the last 3 office visits as the physical examinations were either limited or the note not legible in order to see objective evidence of lumbar radiculitis. Without this clear objective evidence, there is no medical need for the lumbar MRI. The request for an MRI of the Lumabr Spine is not medically necessary or appropriate.

MRI left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines state that for special testing such as MRI are not needed to evaluate most knee complaints until after a period of conservative care and observation, and the criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the

physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In this case of this worker, only pain was reported in his left knee. No report or finding suggested that any of the criteria above was met that might warrant a knee MRI. In the last three office visits, the physical examinations were either limited or the note not legible, which makes it difficult for the reviewer to assess for medical need. Without this clear objective evidence, there is no medical need for the knee MRI. The request for an MRI of the left knee is not medically necessary or appropriate.

Back brace: Upheld

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): 301.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, there was no evidence found in the documents provided for review that might suggest this worker is the exception. Therefore, the request for a back brace is not medically necessary or appropriate.

TENS (transcutaneous electrical nerve stimulation) 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 Transutaneous electrotherapy, TENS pp. 114-116 Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical 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 resoration, 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, includes 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 four lead unit, if a four lead unit is prescribed over a 2-lead unit. In the case of this worker, although a successful 15 minute in-office trial was done, the request for a purchase of a TENS unit is not appropriate. A rental 30 day trial is still needed in order to measure functional improvements with use in addition to pain-relief benefits from typical use at

home. A future request for this 30 day trial is recommended. The request for the purchase of a TENS unit is not medically necessary or appropriate.