

Case Number:	CM14-0195747		
Date Assigned:	12/03/2014	Date of Injury:	04/21/2002
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional spine 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 patient is a 40 year old female with an injury date on 4/21/02. The patient complains of increasing low lumbar pain per 10/13/14 report. The patient is not currently working, and cannot sit for prolonged periods per 10/13/14 report. The patient's treatment plan includes muscle stimulator for spasm per 10/13/14 report. Based on the 10/13/14 progress report provided by the treating physician, the diagnoses are: 1. Sprain lumbar region. 2. Lumbar/lumbosacral disc degeneration. 3. Lumbar disc displacement. A physical exam on 10/13/14 showed "decreased range of motion of L-spine with spasm." The patient's treatment history is not included in the provided reports. The treating physician is requesting 1 MEDS 4 unit with garment, and 1 X-ray of the lumbar spine. The utilization review determination being challenged is dated 10/23/14. The requesting physician provided treatment reports from 10/13/14 to 11/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Meds 4 unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation ICS Page(s): 118-120.

Decision rationale: This patient presents with lower back pain. The requesting progress report is not included in the provided documentation. Meds 4 Unit is a combination TENS unit, muscle stimulator, interferential unit, and microcurrent in one. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient presents with chronic back pain. This type of condition is not indicated per MTUS guidelines for use of muscle stimulator. Review of the records does not show the patient has had a stroke. The request is not medically necessary.

1 X-ray of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-lumbar, radiography

Decision rationale: This patient presents with lower back pain. The treater has asked for 1 x-ray of the lumbar spine but the requesting progress report is not included in the provided documentation. Review of the reports does not show a prior x-ray of the L-spine. ODG does not recommend routine lumbar x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. In this case, the patient presents with chronic back pain. The patient does not have any of the indications that ODG gives for a lumbar x-ray. The treater does not provide an explanation regarding the necessity of a lumbar x-ray, any planned surgical interventions, or evidence of a recent trauma. The requested x-ray of the lumbar spine is not indicated at this time. The request is not medically necessary.