

Case Number:	CM14-0196251		
Date Assigned:	12/04/2014	Date of Injury:	11/07/1977
Decision Date:	01/21/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 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:

This patient is a 56-year old male with a date of injury of 11/7/77. According to progress report dated 10/2/14, the patient presents with chronic pain in the lower back. There is radiation of pain into the left lower extremities. Examination of the lumbar spine revealed paravertebral muscles tenderness and spasm. Seated nerve root test is positive. Range of motion is restricted and guarded. There is tingling and numbness in the lateral thigh, anterolateral leg and foot, posterior leg and lateral foot. The patient was given an intramuscular injection of Depo Medrol mixed with Marcaine. The listed diagnoses are: 1. Cervical discopathy2. Electrodiagnostic evidence of left ulnar neuropathy and bilateral CTS3. Lumbar discopathy4. s/p bilateral knee surgeryThe treatment plan is for MRI of the lumbar spine, bilateral lower EMG, 1 back support, 1 electrode patch for TENS unit and refill of medications. The utilization review denied the requests on 10/30/14. Treatment reports dated 9/23/13 and 10/2/14 and an AME report from 5/5/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI

Decision rationale: This patient presents with chronic pain in the lower back. The current request is for MRI (Magnetic Resonance Imaging) of the Lumbar Spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. This patient's injury dates back to 1977. Review of AME report dated 5/5/14 notes a MRI of the lumbar spine from 2002 which was unremarkable. MRI from 2009 revealed multi-level disc disease. EMG of the lower extremity showed L5 radiculopathy. MRI from April of 2012 revealed DDD at multiple levels. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.

1 bilateral lower extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with chronic pain in the lower back. The current request is for 1 Bilateral Lower Extremity EMG. For EMG of the upper extremities, the ACOEM Guidelines page 262 states that Electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. This patient has had multiple MRIs of the lumbar spine and subsequently had an EMG of the lower extremities in May 2012 which revealed L5 radiculopathy. The ODG guidelines for Electrodiagnostic studies states, The number of tests performed should be the minimum needed to establish an accurate diagnosis. In this case, the patient has already had an EMG that has confirmed radiculopathy at the L5 level. The requested repeat EMG is not medically necessary.

1 Back Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, lumbar supports

Decision rationale: This patient presents with chronic pain in the lower back. The current request is for 1 Back Support. ACOEM Guidelines page 301 on lumbar bracing state, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The requested back support is not medically necessary.

1 electrode patch for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with chronic pain in the lower back. The current request is for 1 Electrode Patch for Tens Unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and it is not recommended as a primary treatment modality but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, review of the medical file provides no discussion regarding the TENS unit, other than the request for the electrode patch. There is no discussion of frequency of use, magnitude of pain reduction, and any functional changes with utilizing the TENS unit. MTUS allows for extended use of a TENS unit when there is documentation of functional improvement. Given that the extended use of the TENS unit is not indicated, the requested electrode patch is not medically necessary.