

<b>Case Number:</b>	CM15-0107044		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 injured worker is a 32-year-old male, who sustained an industrial injury on 3/10/15. He reported low back pain after lifting a heavy box. The injured worker was diagnosed as having lumbar radiculopathy presenting bilaterally. Treatment to date has included oral medications including steroids and activity restrictions. (CT) computerized tomography scan of lumbar spine performed on 3/21/15 revealed disc bulges and protrusion at L4-5 and L5-S1 level. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities. He is not working. Physical exam noted antalgic gait, decreased range of motion of lumbar spine, extensive spasm of lower lumbar paraspinal musculature with palpation bilaterally and decreased sensation in a few areas of bilateral lower extremities. The treatment plan included (MRI) magnetic resonance imaging of lumbar spine, TENS unit, physical therapy and medications including Naproxen and gabapentin. A request for authorization was submitted for Naproxen, Gabapentin, omeprazole, Tramadol, lumbar epidural steroid injection, (MRI) magnetic resonance imaging of lumbar spine and 6 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 open MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298,301.

**Decision rationale:** 1 open MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The patient has had a recent CT scan of the lumbar spine. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.

**2 pairs of TENS patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** 2 pairs of TENS patches are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation indicates that the patient has used TENS in the past, however the documentation is not clear on whether the patient has had evidence of functional improvement secondary to TENS unit or how often this unit was used and outcomes from TENS in relation to both pain and function. For these reasons, the request for 2 pairs of TENS patches is not medically necessary.

**1 prescription of Lidoderm cream 121g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and topical analgesics Page(s): 56-57 and 111-113.

**Decision rationale:** 1 prescription of Lidoderm cream 121g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical Lidocaine formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The MTUS does not support topical Lidocaine in cream form for chronic pain. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.