

<b>Case Number:</b>	CM15-0131323		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Emergency 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 60 year old male who sustained an industrial injury on 8-24-12. Diagnoses are discogenic lumbar condition with MRI showing disc disease from L3 through S1 with foraminal narrowing on left at L4-L5 and facet changes throughout the spine and nerve studies were not done, internal derangement of knee on right with MRI showing meniscus tear status post surgical intervention 11-6-14, at that time, grade II chondromalacia was noted and meniscectomy was done, due to chronic pain and inactivity, he has had a weight loss of 60 pounds and does have an issue with sleep and some depression at this time. In a follow up evaluation dated 6-12-15, a treating physician notes low back and right knee pain. He was fitted for a DonJoy brace today. He has significant back pain due to even sitting for 20 minutes waiting for his appointment. He has severe back pain and spasms and stiffness. He cannot take Norco and Percocet as he had a rash post-operatively with the medication. He was taking Tramadol ER and last month got Ultram, which was not strong enough. Objective findings note tenderness along the lumbar paraspinal muscles, pain along the facet and pain with facet loading. Lumbar flexion is to 100 degrees and extension, he cannot do past neutral. He cannot stand on toes or heels or squat. Previous lumbar MRI is from 2012. He is having worsening of back pain preventing him from being able to sit, stand or walk more than a few minutes at a time. He is not working. Medications are Tramadol, Flexeril, Naproxen, Protonix. He has a back brace and hot and cold wrap. The requested treatment is an MRI of the lumbar spine and a four lead transcutaneous electrical nerve stimulation unit with conductive garment.

## 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): 303-304, 389-290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine , is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has back pain preventing him from being able to sit, stand or walk more than a few minutes at a time. The treating physician has not documented a progression of exam findings indicative of lumbar radiculopathy since the previous imaging study. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.

### **Four lead TENS unit with conductive garment:** Upheld

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

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

**Decision rationale:** The requested TENS Unit with garment is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114-116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has back pain preventing him from being able to sit, stand or walk more than a few minutes at a time. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Four lead TENS unit with conductive garment is not medically necessary.