

Case Number:	CM15-0183357		
Date Assigned:	09/24/2015	Date of Injury:	07/21/2007
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/17/2015

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 32 year old female, who sustained an industrial injury on 7-21-07. Current diagnosis is lumbago. Her work status was not addressed. A report dated 8-11-15 reveals the injured worker presented with complaints of minimal intermittent back pain, which she reports is improving. She also reports sleep disturbance. In notes dated 2-3-15 and 4-14-15, they state the injured worker complained of constant, sharp low back pain that radiates to her lower extremities and is rated at 5 out of 10. Physical examinations of the lumbar spine dated 2-3-15, 4-14-15 and 8-11-15 revealed a well healing incision without signs of infection or dehiscence. There is some cellulitis and erythema around the surgical and staple sites. No neurologic deficits in the lower extremities, no calf tenderness and neurovascular status is grossly intact in the lower extremities. Treatment to date has included medications, which are beneficial at relieving pain and improving her activities of daily living. She has had surgical intervention and an MRI. A request for authorization dated 8-21-15 for the lumbar spine CT scan is non-certified as it is not indicated for acute, sub-acute or chronic non-specific low back pain or radicular pain syndromes. The request for a TENS unit is non-certified as the TENS unit is not recommended for chronic pain and the most recent examination indicates minimal back pain and no neurovascular symptoms, per Utilization Review letter dated 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested CT (computed tomography) 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 constant, sharp low back pain that radiates to her lower extremities and is rated at 5 out of 10. Physical examinations of the lumbar spine dated 2-3-15, 4-14-15 and 8-11-15 revealed a well healing incision without signs of infection or dehiscence. There is some cellulitis and erythema around the surgical and staple sites. No neurologic deficits in the lower extremities, no calf tenderness and neurovascular status is grossly intact in the lower extremities. Treatment to date has included medications, which are beneficial at relieving pain and improving her activities of daily living. She has had surgical intervention and an MRI. A request for authorization dated 8-21-15 for the lumbar spine CT scan is non-certified as it is not indicated for acute, sub-acute or chronic non-specific low back pain or radicular pain syndromes. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, CT (computed tomography) Lumbar Spine is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The requested TENS (transcutaneous electrical nerve stimulation) unit 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 constant, sharp low back pain that radiates to her lower extremities and is rated at 5 out of 10. Physical examinations of the lumbar spine dated 2-3-15, 4-14-15 and 8-11-15 revealed a well healing incision without signs of infection or dehiscence. There is some cellulitis and erythema around the surgical and staple sites. No neurologic deficits in the lower extremities, no calf tenderness and neurovascular status is grossly intact in the lower extremities. Treatment to date has included medications, which are beneficial at relieving pain and improving her activities of daily living. She has had surgical intervention and an MRI. A request for authorization dated 8-21-15 for the lumbar spine CT scan is non-certified as it is not indicated for acute, sub-acute or chronic non-specific low back pain or radicular pain syndromes. 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, TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary.