

Case Number:	CM15-0188191		
Date Assigned:	09/30/2015	Date of Injury:	10/15/2007
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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: Physical Medicine & Rehabilitation

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 34 year old male who sustained an industrial injury on 10-15-2007. Current diagnoses include lumbar sprain, lumbar disc herniation, and lumbar radiculitis. Report dated 09-10-2015 noted that the injured worker presented with complaints that included back pain with radiation down the left leg. Physical examination performed on 09-10-2015 revealed pain with extension and rotation of the lumbar spine, and positive straight leg raise on the left. Previous diagnostic studies included a lumbar MRI in 2012. Previous treatments included medications, surgical intervention, chiropractic, electronic muscle stimulation, stretching, heat and ice. The treatment plan included requests for a lumbar MRI, functional restoration program, Cymbalta, and follow up in 4 weeks. The utilization review dated 09-18-2015, non-certified the request for a functional restoration program evaluation, TENS unit pads-Purchase, and a MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The patient presents with back pain that radiates down the left leg. The request is for Functional restoration program evaluation. The request for authorization is dated 09/12/15. Physical examination of the lumbar spine reveals paraspinal musculature is non-tender to palpation. Pain with range of motion, straight leg raise test positive on the left. He has been previously treated with pain medication, which was partially effective in relieving the pain. Per QME report dated 06/15/15, the patient is on temporary work restrictions. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Treater does not discuss the request. Patient's diagnosis includes lumbar strain, lumbar disc herniation, muscle tension headache, sleep disorder, cervical radiculitis, lumbar radiculitis, hypertension, erectile dysfunction, hyperlipidemia, sleep disturbance, and right knee pain. Given the patient's persistent, chronic symptoms, and support from MTUS for Functional Restoration Program, an Evaluation to determine the patient's candidacy is reasonable. Therefore, the request is medically necessary.

TENS unit pads-Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with back pain that radiates down the left leg. The request is for TENS unit pads-purchase. The request for authorization is dated 09/12/15. Physical examination of the lumbar spine reveals paraspinal musculature is non-tender to palpation. Pain with range of motion, straight leg raise test positive on the left. He has been previously treated with pain medication, which was partially effective in relieving the pain. Per QME report dated 06/15/15, the patient is on temporary work restrictions. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial."

Treater does not discuss the request. It appears the patient already has a TENS unit and is requesting replacement pads. In this case, the patient presents with radiculopathy for which the use of TENS unit would be indicated. However, treater has not provided documentation of benefit from prior use of TENS, nor impact of this treatment modality on pain to substantiate the request. Therefore, the request for TENS pads purchase is not medically necessary.

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with back pain that radiates down the left leg. The request is for MRI of the lumbar spine without contrast. The request for authorization is dated 09/12/15. Physical examination of the lumbar spine reveals paraspinal musculature is non-tender to palpation. Pain with range of motion, straight leg raise test positive on the left. He has been previously treated with pain medication, which was partially effective in relieving the pain. Per QME report dated 06/15/15, the patient is on temporary work restrictions. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 09/10/15, treater's reason for the request is "to determine further interventional tx. He hasn't received imaging for his low back in several years." In this case, the patient has previously had an MRI of the lumbar spine in 2012. For an updated or repeat MRI, the patient must present with new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request is not medically necessary.