

Case Number:	CM15-0191895		
Date Assigned:	10/05/2015	Date of Injury:	05/16/1985
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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 55-year-old female, who sustained an industrial injury on 5-16-1985. The injured worker was being treated for neck pain; rule out thoracic radiculitis, and low back pain. On 3-25-2015, the injured worker reported pain of the neck, mid back, and low back with some right leg numbness. The physical exam (3-25-2015) revealed no weakness, no tingling, and a normal sensory exam. There was cervical flexion of 70 degrees and extension of 70 degrees. There were 5 out of 5 deltoids, biceps, wrist flexors and extensors, ankle dorsi, plantar flexors, quadriceps, and iliopsoas. Per the treating physician (3-25-2015 report), the injured worker's use of a transcutaneous electrical nerve stimulation (TENS) unit was helpful. On 8-25-2015, the injured worker reported ongoing back pain. Her current medications included proton pump inhibitor and non-steroidal anti-inflammatory. The treating physician noted that the injured worker's TENS unit helped her. The physical exam (8-25-2015) revealed back flexion of 60 degrees and extension of 10 degrees, and negative straight leg raise. There was 5 out of 5 ankle dorsi, plantar flexors, quadriceps, and iliopsoas. Diagnostic studies were not included in the provided medical records. Per the treating physician (8-25-2015 report), the injured worker is permanent and stationary. The requested treatments included a CT scan of the thoracic spine, TENS unit supplies, and acupuncture to the lumbar spine. On 9-3-2015, the original utilization review non-certified a request for a CT scan of the thoracic spine, TENS unit supplies, and 8 sessions of acupuncture to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under CT.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with back pain. The treater has asked for CT scan of the thoracic spine on 8/25/15. The request for authorization was not included in provided reports. The patient is currently taking Motrin and Prilosec per 8/25/15 report. The patient is s/p acupuncture of unspecified quantity, which is helpful per 8/25/15 report. The patient is currently using a TENS unit which has been helpful, but has run out of pads per 8/25/15 report. The patient is having right leg numbness per 3/25/15 report. The patient is currently permanent and stationary per 8/25/15 report. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under CT (computed tomography) Section states: Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt, chance fracture Myelopathy-neurological deficit related to the spinal cord, traumatic Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. There is no evidence of prior CT imaging for this patient. Per 3/25/15 progress note, the provider states the following: "I have requested a CAT scan of the thoracic spine; the patient has been having some right leg numbness." The patient presents with low back pain, mid back pain, neck pain, and subjective complaints of right leg numbness. However, physical exam on 3/25/15 report showed no weakness, no tingling, and a normal sensory exam. The utilization review letter dated 9/3/15 denies request due to lack of findings indicating neurological deficit, and no radiographs. Although the patient has reported "some right leg numbness", physical exam findings were negative for any neurological deficit. CT scans are indicated when tumor, infection, or fracture are strongly suspected and there are no such concerns expressed. Therefore, the request is not medically necessary.

TENS unit supplies #3: Overturned

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: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with back pain. The treater has asked for TENS unit supplies #3 on 8/25/15. The request for authorization was not included in provided reports. The patient is currently taking Motrin and Prilosec per 8/25/15 report. The patient is s/p acupuncture of unspecified quantity, which is helpful per 8/25/15 report. The patient is currently using a TENS unit which has been helpful, but has run out of pads per 8/25/15 report. The patient is having right leg numbness per 3/25/15 report. The patient is currently permanent and stationary per 8/25/15 report. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "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." In this case, the provider is requesting TENS unit supplies for this patient is continuing back pain. Utilization review letter dated 9/3/15 denies request due to lack of documentation of benefit from prior use of TENS unit. It is unknown how long patient has been using TENS unit, but both 3/25/15 and 8/25/15 reports state that it is helpful. Per requesting 8/25/15 report, the patient has run out of TENS pads. Considering documentation of efficacy of prior use of TENS unit, the request for 3 additional TENS pads is reasonable and within MTUS guidelines. Therefore, the request is medically necessary.

Acupuncture to the lumbar spine 1x8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with back pain. The treater has asked for acupuncture to the lumbar spine 1X8 on 8/25/15. The request for authorization was not included in provided reports. The patient is currently taking Motrin and Prilosec per 8/25/15 report. The patient is s/p acupuncture of unspecified quantity, which is helpful per 8/25/15 report. The patient is currently using a TENS unit which has been helpful, but has run out of pads per 8/25/15 report. The patient is having right leg numbness per 3/25/15 report. The patient is currently permanent and stationary per 8/25/15 report. MTUS Guidelines, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The treater does not discuss this request in the reports provided. Acupuncture treatment history is not provided to determine if patient had prior sessions. In this case, the patient continues with low back pain. Given patient's condition, a trial of 6 sessions of acupuncture would be indicated by MTUS guidelines. However, the current request for 8 acupuncture sessions would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request is not medically necessary.