MAXIMUS Federal Services

Case Number:	CM15-0196783		
Date Assigned:	10/12/2015	Date of Injury:	05/05/2015
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for low back and wrist pain reportedly associated with an industrial injury of May 5, 2015. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for MRI imaging of the lumbar spine, MRI imaging of the wrist, and a TENS unit. The claims administrator referenced a July 1, 2015 RFA form and an associated office visit of the same date in its determination. On said RFA form dated July 1, 2015, lumbar MRI imaging, x-ray imaging of the wrist, a TENS unit, a lumbar belt, manipulative therapy, infrared therapy, myofascial therapy, and the MRI in question were all seemingly endorsed. Preprinted order forms were attached for the request. Little in the way of supporting rationale or supporting commentary was attached. On an associated Doctor's First Report (DFR), the applicant reported multifocal complaints of wrist, neck, and low back pain reportedly attributed to cumulative trauma at work. Manipulative therapy, infrared therapy, myofascial release therapy, and electrical muscle stimulation were sought while x-rays and MRIs of the multiple body parts were ordered. The applicant had reportedly alleged development of multifocal pain complaints secondary to cumulative trauma at work, the treating provider suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI-Lumbar Spine; Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Low Back Chapter.

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

Decision rationale: No, the request for MRI imaging of the lumbar spine is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies of the low back should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the July 1, 2015 DFR (Doctor's First Report) made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine. Overall commentary was sparse. The fact that multiple different MRI and plain films had been ordered strongly suggested that the studies have been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the lumbar MRI component of the request was not indicated. Similarly, the request for MRI of the wrist was likewise not medically necessary, medically appropriate, or indicated here. The stated diagnosis on the July 1, 2015 progress note at issue was wrist pain, while a July 1, 2015 RFA form suggested that the applicant had issues with wrist synovitis/tenosynovitis. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scored MRI imaging at 0 out of 4 in its ability to identify and define suspected wrist ligament or tendon strains, and a 0 out of 4 in its ability to identify and define suspected wrist tenosynovitis. Here, little to no narrative commentary accompanied the request for authorization. It was not clearly stated how (or if) the proposed wrist MRI would influence or alter the treatment plan. It was not clearly stated what was suspected. It was not clearly stated why wrist MRI imaging was sought for diagnoses for which it has scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. The fact that multiple different MRI and plain film studies were ordered on the same date of service strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

TENS Unit Rental 30 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for a TENS unit rental for 30 days is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271, TENS units are deemed "not recommended" in

the management of applicants with wrist or hand pain complaints, as were seemingly present here on the date in question, July 1, 2015. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 also notes that passive modalities, as a whole, are deemed "not recommended." Here, thus, the attending provider's request for multiple different passive modalities on the same date of service, July 1, 2015, to include a TENS unit, electrical muscle stimulation, myofascial release therapy, infrared therapy, massage therapy, etc., was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 and with the MTUS Guideline(s) in ACOEM Chapter 12, Table 12-8, page 308 and ACOEM Chapter 8, Table 8-8, page 181, both of which also state that TENS units are not recommended in the treatment of low back, neck, and upper back pain complaints, all of which were present on or around the date of the request, July 1, 2015. The attending provider failed to furnish a clear or compelling supporting rationale for the article in question in face of the unfavorable ACOEM position(s) on the same. Therefore, the request is not medically necessary.

TENS Unit Lumbar Spine Support Belt-Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

Decision rationale: Finally, the request for a TENS unit plus lumbar spine support-belt purchase is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been showed to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was outside of the acute phase of symptom relief as of the date of request, July 1, 2015 following an industrial injury of May 19, 2015. Introduction, selection, and ongoing usage of lumbar support was not indicated in the subacute phase of treatment, per the MTUS Guideline in ACOEM Chapter 12, page 301. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 also notes that TENS units, the other modality at issue, are "not recommended" in the low back pain context present here. Since both the TENS unit and lumbar spine support components of the request were not indicated, the entire request was not indicated. Therefore, the request is not medically necessary.