

Case Number:	CM15-0202964		
Date Assigned:	10/19/2015	Date of Injury:	05/20/2012
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/15/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male, who sustained an industrial injury on 5-20-12. The documentation on 8-31-15 noted that the injured worker has complaints of constant pain in the low back that radiates to the posterior thighs; neck pain that radiates to the upper back; upper back pain; left shoulder pain and left wrist, hand and finger pain. Cervical spine examination revealed there is tenderness to palpation of the paracervical muscles and bilateral trapezius muscles with spasm, described as currently worse. Range of motion reveals flexion of 40 degrees, extension of 50 degrees, lateral rotation of 65 degrees bilaterally and lateral bending of 35 degrees on the right and 35 to 40 degrees on the left with pain in all planes. Thoracic spine has tenderness to palpation of the paraspinal muscles. Lumbosacral spine has tenderness to palpation of the paralumbar muscles, gluteal muscles and spinous processes. Range of motion reveals flexion of 60 degrees, extension of 20 degrees and lateral bending of 20 degrees. Straight leg raise is accomplished at 60 degrees bilaterally. The diagnoses have included sprain and strain lumbosacral spine with abrasion and degenerative disc disease lumbar spine. Treatment to date has included 21 sessions of chiropractic treatment and 15 sessions of acupuncture treatment. Left ribs X-rays on 5-11-15 revealed fractures of 5th, 6th and 7th posterolateral left ribs; a fracture of the posterolateral 4th rib cannot be entirely rule out; clinical correlation is needed and chest radiographs are recommended if pulmonary symptoms are present. Electromyography and nerve conduction velocity study of the lumbar spine and lower extremities on 12-7-12 were normal. Lumbar spine magnetic resonance imaging (MRI) on 8-17-15 revealed spondylotic changes; L4-L4, 2 millimeter broad bases posterior disc protrusion resulting in bilateral neural foraminal

narrowing in conjunction with facet hypertrophy; canal stenosis is seen in conjunction with redundancy of the ligament flavum; bilateral exiting nerve root compromise is seen; L4-5, 5 millimeter broad bases posterior disc protrusion resulting in bilateral neural foraminal narrowing and canal stenosis in conjunction with redundancy of the ligamentum flavum; facet joint hypertrophy is seen; bilateral exiting nerve root compromise is seen; L5-S1 (sacroiliac), 4 to 5 millimeter broad bases posterior disc protrusion resulting in right neural foraminal narrowing in conjunction with facet joint hypertrophy and right exiting nerve root compromise is seen. The original utilization review (9-25-15) non-certified the request for magnetic resonance imaging (MRI) of the lumbar spine; purchase of electrode patches for the interferential unit 4 unit and electrocardiogram to rule out cardiac pathology.

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

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

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule, it states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this case, the injured worker is being treated for low back pain, which radiates to the posterior thigh bilaterally. The exam note from 8/31/15 does not demonstrate a focal neurologic exam indicating no focal nerve root dysfunction. An MRI of the lumbar spine was reported on 8/17/15 and demonstrated multilevel spondylosis, neural foraminal stenosis and central canal stenosis. An EMG from 12/7/12 did not demonstrate any evidence of acute or chronic denervation. There are no intervening records which demonstrate new change in symptoms to warrant another MRI. Therefore, the request is not medically necessary.

Purchase of electrode patches for the IF4 unit: 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: According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guideline, page 118, use of Interferential Current Stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. As interferential current units are not supported by the cited guidelines, the request for supplies for the non-certified DME item is not medically necessary.

EKG to rule out cardiac pathology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: CA/MTUS is silent on the issue of EKG. The ODG low back section recommends for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. In this case, the submitted records do not indicate a history a cardiac disease or red flag symptoms. The clinical note from 8/31/15 does not document findings of cardiac disease. Orthostatic hypotension can be worked with seated and standing blood pressure readings and evaluation of hydration status prior to ordering other testing. According to the guidelines, ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. The request does not meet the criteria set forth in the cited guidelines and therefore the request is not medically necessary.