

Case Number:	CM15-0204377		
Date Assigned:	10/21/2015	Date of Injury:	01/19/2009
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 44 year old male injured worker suffered an industrial injury on 1-19-2009. The diagnoses included lumbar radiculopathy, low back pain and cervical radiculopathy. On 9-30-2015 the treating provider reported chronic progressive pain in the head, neck, lower back and bilateral hips. The neck pain radiated down to the right upper extremity. The back pain radiated to the right lower extremity. He reported headaches. The pain was associated with numbness and tingling in the right hand. He rated the pain as 7 out of 10 with the least as 5 out of 10 and worst as 8 out of 10. Medication included Cymbalta and Advil. On exam, the cervical spine range of motion was restricted with tenderness and spasms. The lumbar spine had restricted range of motion, tenderness and spasms along with positive facet loading and right sided straight leg raise. Prior treatment included chiropractic therapy The Utilization Review on 10-8-2015 determined modification for PT 2x6 in Treatment of The Cervical and Lumbar Spine to 6 sessions, TENS Unit Rental or Purchase to trial of 1 month and non-certification for MRI without Contrast of The Cervical Spine and of The Lumbar Spine Qty 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 in Treatment of The Cervical and Lumbar Spine: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. Physical therapy is warranted in this case. However, this is a request of 12 physical therapy sessions, which exceeds the recommendations of the guidelines. The request for PT 2x6 in treatment of the cervical and lumbar spine is determined to not be medically necessary.

DME TENS Unit Rental or Purchase Unspecified: 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 Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Electrotherapy section, page(s) 114-116. The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, and a treatment plan including specific short and long term goals of treatment. In this case, it is not clear if the TENS is being requested for a one-month trial or for purchase, therefore, the request for DME TENS unit rental or purchase unspecified is determined to not be medically necessary.

MRI without Contrast of The Cervical Spine and of The Lumbar Spine Qty 2: 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), Neck.

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include: the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no objective evidence of nerve impairment or other red flags to warrant the use of MRI. Additionally, the injured worker has been authorized physical therapy for the neck and back and has therefore not failed with conservative treatments. The request for MRI without contrast of the cervical spine and of the lumbar spine qty 2 is determined to not be medically necessary.