MAXIMUS Federal Services

Case Number:	CM15-0219175		
Date Assigned:	11/12/2015	Date of Injury:	04/19/2015
Decision Date:	12/22/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with an industrial injury dated 04-19-2015. A review of the medical records indicates that the injured worker is undergoing treatment for C4-C5 and C5-C6 moderate to severe central, sever right, and moderate left foraminal narrowing, C6-C7 severe bilateral foraminal narrowing, history of T7 through T11 disc disease with overlying myofascial pain and facet syndrome, and lumbar strain. According to the progress note dated 10-26-2015, the injured worker presented for continued neck and low back pain. The injured worker continues to have significant lumbar symptoms. The injured worker has a history of L4-L5 laminectomy approximately twenty years ago. The injured worker reported relief of spasm with use of Norflex. The injured worker reported that she is able to tolerate two hours of sitting and one hour of standing. The injured worker is able to work full duty. Objective findings (09-17-2015, 10-26-2015) revealed mild distress, full strength in upper and lower extremities, and positive bilateral straight leg raises. Physical exam dated 09-17-2015 also revealed limited bilateral cervical rotation with pain, tenderness throughout cervical musculature and facet joints, and limited lumbar flexion, and pain with lumbar extension. There was normal sensation in bilateral upper and lower extremities. Treatment has included Cervical MRI on 03-2014, Thoracic MRI on 11-07-2011, prescribed medications, myofascial release, ice and heat therapy, and periodic follow up visits. The utilization review dated 11-02-2015, non-certified the request for Home TENS Unit and supplies and MRI of The lumbar spine.

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: 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 (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury in April 2015 when, while performing [redacted] the patient fainted and she and the patient felt to the ground. She has a history of an L4/5 laminectomy approximately 20 years ago. On 09/17/15 she was having continued neck and low back pain. She had been approved for chiropractic care. Authorization for trial of TENS was requested. She was to keep a diary of her pain relief with follow-up been 30 days. A TENS unit was dispensed. When seen in October 2015 she was having continued neck and low back pain. She had been receiving myofascial release treatments. She was able to work without restrictions. She reported a two hour sitting and one hour standing tolerance. Physical examination findings included a normal neurological examination. She had low back pain with straight leg raising. She had findings of mild depression. Authorization was requested for a lumbar MRI and purchase of a home TENS unit after the recent trial. Applicable indications in this case for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit, a history of prior lumbar surgery, the presence of cauda equina syndrome, or after at least one month of conservative therapy. In this case, although the claimant has a history of lumbar spine surgery, there are no reported neurological deficits or radicular complaints. The claimant is able to work without restrictions. Plain film x-ray would be expected before considered of obtained an MRI. For these reasons, a lumbar MRI is not medically necessary.

Home TENS Unit and Supplies: Upheld

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

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

Decision rationale: The claimant sustained a work injury in April 2015 when, while performing [redacted] the patient fainted and she and the patient felt to the ground. She has a history of an L4/5 laminectomy approximately 20 years ago. On 09/17/15 she was having continued neck and low back pain. She had been approved for chiropractic care. Authorization for trial of TENS was requested. She was to keep a diary of her pain relief with follow-up been 30 days. A TENS unit was dispensed. When seen in October 2015 she was having continued neck and low back pain. She had been receiving myofascial release treatments. She was able to work without restrictions.

She reported a two hour sitting and one hour standing tolerance. Physical examination findings included a normal neurological examination. She had low back pain with straight leg raising. She had findings of mild depression. Authorization was requested for a lumbar MRI and purchase of a home TENS unit after the recent trial. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, although a trial of TENS was done, there is no documentation of use or efficacy. Providing a TENS unit for indefinite use without documented benefit during a home based trial is not considered medically necessary.