

<b>Case Number:</b>	CM15-0231721		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 32 year old male who sustained an industrial injury on August 8, 2014. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis and radiculopathy and sprain and strain of coccyx. In the provider notes dated October 8, 2015 the injured worker complained of low back pain. He rates his pain 8 on the pain scale. His pain is aggravated by prolonged sitting or standing. He has received physical therapy and acupuncture, he gets headaches from acupuncture. On exam, the documentation stated there was tenderness to palpation of the lumbar sacral spine and coccyx with muscle spasms. Range of motion was decreased. The treatment plan includes medications, pin management consultation, and magnetic resonance imaging (MRI) of the sacrum and coccyx. A Request for Authorization was submitted for MRI of the sacrum and coccyx. The Utilization Review dated October 30, 2015 non-certified the request for MRI of the sacrum and coccyx.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the sacrum and coccyx:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Chapter under MRI.

**Decision rationale:** The current request is for MRI of the sacrum and coccyx. Treatment history include medications, physical therapy and acupuncture. The patient's work status was not provided. MTUS/ACOEM Guidelines, Low Back, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films. Indications for imaging: Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors Exceptions for MRI; Suspected osteoid osteoma (See CT); Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). Per Doctor's First Report dated 10/08/15, the patient presents with low back and lower leg pain. Examination revealed tenderness to palpation in the lumbar, sacral, and coccyx. There is muscles spasms, decrease lower extremity strength, and a positive straight leg raise. The listed diagnoses include displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis and radiculopathy and sprain and strain of coccyx. The treater recommended a consultation with a pain specialist, dispensed medications, and order an interferential unit for the patient's strain and inflammation. This is the only report provided for review. There is no rationale provided for the requested MRI of the sacrum and coccyx. The treater reviewed a lumbar MRI from 12/16/14 which showed 3mm disc extrusion at L4-5. The medical file includes an updated MRI dated 08/21/15, which showed 1.3-2.7mm disc narrowing from L2 through S1. X-rays of the Coccyx from 06/02/15 noted "coccygeal bone is directed posteriorly." In this case, the patient presents with lower back pain and leg pain and has had two MRIs and an X-ray to evaluate these complaints. There is no discussion as to why additional imaging is being sought at this time. There is no discussion of progressive neurological deficits, change in symptoms, or red flags noted. Given that this patient has had multiple imaging in the recent past, and lack of rationale provided regarding the medical necessity of additional imaging, the request IS NOT medically necessary.

**One Interferential unit with electrodes, batteries, set up and delivery:** 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:** The current request is for one interferential unit with electrodes, batteries, set up and delivery. Treatment history include medications, physical therapy and acupuncture. The patient's work status was not provided. MTUS Guidelines, Interferential Current Stimulation (ICS), pages 118 - 120 state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Per Doctor's First Report dated 10/08/15, the patient presents with low back and lower leg pain. Examination revealed tenderness to palpation in the lumbar, sacral, and coccyx. There is muscles spasms, decrease lower extremity strength, and a positive straight leg raise. The listed diagnoses include displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis and radiculopathy and sprain and strain of coccyx. The treater recommended a consultation with a pain specialist, dispensed medications, and order an interferential unit for the patient's strain and inflammation. This is the only report provided for review. The medical file does not show documentation of prior substance abuse, operative condition, or unresponsiveness to conservative measures. Documentation to support MTUS criteria has not been met. Furthermore, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. In this case, there was no 30 day trial with the interferential unit. Therefore, the request IS NOT medically necessary.