

Case Number:	CM14-0115271		
Date Assigned:	08/04/2014	Date of Injury:	12/14/2013
Decision Date:	10/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male who was injured on 12/14/13 when he bent down to pick up an object and felt a pull in his back. An MRI of the lumbar spine dated 01/20/14 is significant for mild degenerative changes, no significant spinal stenosis and minimal neural foraminal narrowing at levels L3-4 through L5-S1. At L4-5 there is a 7x5mm low signal structure present at the left side of the thecal sac which abuts the ligamentum flavum and facet joint. The injured worker complains of low back pain with numbness and tingling in the feet and is diagnosed with thoracic or lumbosacral neuritis or radiculitis unspecified and intervertebral disc disorders. Records indicate treatment has included physical therapy, chiropractic care, massage and medication management to include ibuprofen. As of Initial Comprehensive Consultation dated 04/01/14, the injured worker was still working 14 hour shifts on modified desk duty and was actively participating in physical therapy. This report notes the injured worker had completed three sessions at that time and reported that it helped on a temporary basis. An EMG/NCV dated 04/01/14 reveals evidence consistent with chronic motor radiculopathy in multiple myotomes which is worse on the left. The injured worker had participated in 6 physical therapy visits as of 04/09/14. A physical therapy note on this date states the injured worker reports continued improvement with exercises and reports feeling 50% better. Clinical note dated 04/29/14 notes that upon physical examination the injured worker demonstrates positive SLR on the right in the supine position at 70. The treatment plan includes referral for physical therapy and a therapeutic ESI. Clinical note dated 06/03/14 includes the same physical examination findings and a request for the use of a TENS unit. A request for additional physical therapy, consultation with pain management for an ESI, a TENS unit and consultation with and orthopedic spine surgeon was denied by Utilization Review dated 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: The request for Physical Therapy two (2) times a week for four (4) weeks for the Lumbar Spine is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." The records submitted for review include physical therapy notes which indicate the injured worker reports the treatment provides some improvement; however, there are no physical examination in these notes that describe the objective functional gains achieved with physical therapy. Clinical notes dated 04/29/14 and 06/03/14 include physical examinations which reveal identical objective findings. Records indicate the injured worker did participate in physical therapy between these clinical visits. As such, the efficacy of physical therapy is not proven. Moreover, records do not clearly identify the number of physical therapy visits the injured worker has participated in to date. Guidelines recommend up to 10 visits for the chronic pain diagnoses that do not include CRPS. Based on the clinical information provided, medical necessity of Physical Therapy two (2) times a week for four (4) weeks for the Lumbar Spine is not established.

Consultation with a pain management specialist (lumbar epidural injections): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 05/15/2014 - Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 of 127.

Decision rationale: The request for Consultation with a pain management specialist (lumbar epidural injections) is not recommended as medically necessary. The injured worker is not a candidate for the use of ESIs per guideline recommendations. MTUS states criteria for the use of ESIs includes evidence of an active radiculopathy upon physical examination which is corroborated by imaging and/or electrodiagnostic studies. The physical examinations submitted for review do not establish unequivocal evidence suggestive of an active radiculopathy. Signs such as diminished sensation, motor strength and DTRs about the lower extremities in a specific nerve root distribution are not included. The MRI submitted for review does not reveal nerve root compression or compromise. As the injured worker does not meet the criteria for the use of an ESI, a referral to a pain management specialist with the intent of having an ESI performed is

not supported. Based on the clinical information provided, medical necessity of a consultation with a pain management specialist (lumbar epidural injections) is not established.

TENS Unit & Supplies (Rental or Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for a TENS unit and supplies (Rental or Purchase) is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state the criteria for the use of TENS includes documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. Records indicate the injured worker has participated in physical therapy with benefit. Records do not indicate the injured worker's medications fail to provide the injured worker relief. As such, records do not suggest the injured worker has failed other appropriate pain modalities. Based on the clinical information provided, medical necessity of a TENS unit and supplies, for rent or for purchase, is not established.

Consultation with an orthopedic spine surgeon (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 05/15/2014 - Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503

Decision rationale: The request for consultation with an orthopedic spine surgeon (lumbar) is not recommended as medically necessary. ACOEM does support the use of referrals for consultations with an outside specialist to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Records do not, however, provide a rationale which explains the reasoning for the request for a consultation with a spine surgeon. Records do not indicate a spinal surgery is planned or is considered necessary. As there is no clarification as to the need for a consultation, medical necessity of a consultation with an orthopedic spine surgeon (lumbar) cannot be established.