

Case Number:	CM15-0110062		
Date Assigned:	06/16/2015	Date of Injury:	04/13/2015
Decision Date:	08/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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 (IW) is a 56 year old male who sustained an industrial injury on 04/13/2015. He reported pain in the neck, back, right shoulder, right elbow, right leg and right knee. The injured worker was diagnosed as having: sprain/strain lumbar, muscle spasm back, and sciatica. Treatment to date has included chiropractic treatment (including electrical stimulation), activity modification, and medication. Currently, the injured worker complains of dull pain of intermittent frequency in the lumbar spine that is moderately severe in its intensity. He complains of limited back motion. The worker ambulates with a normal gait with normal posture. He has full weight bearing on both legs with no weakness of the lower extremities. There are no spasms of the thoracolumbar spin and paravertebral musculature. There is diffuse tenderness in the paravertebral musculature. Range of motion of the back is limited. Reflexes are normal, and sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test is negative and the back muscles display no weakness. His x-rays showed moderate degenerative joint disease at L5-S1. Medications include Tramadol, and acetaminophen. The treatment plan is to have chiropractic treatments. A MRI of the lumbar spine and EMG/NCV of the bilateral lower extremities, lumbosacral bracing, a TENS unit and application of heat and cold are ordered. A request for authorization is made for Hot and cold unit, TENS unit, Lumbosacral brace, MRI lumbar spine and EMG/NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 288, 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under Heat/Cold.

Decision rationale: The patient presents on 04/21/15 with unrated lumbar spine pain. The patient denies radicular pain and neurological dysfunction. The patient's date of injury is 04/13/15. Patient has no documented surgical history directed at this complaint. The request is for hot and cold unit. The RFA was not provided. Physical examination dated 04/21/15 reveals diffuse tenderness to palpation of the lumbar spine without muscle spasms or neurological dysfunction in the lower extremities. The patient is currently prescribed Ultracet, Nabumetone, and Orphenadrine. Diagnostic imaging was not included. Patient is currently working modified duties. The ODG Guidelines knee chapter under heat/cold state, "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function." In regard to the request for a hot and cold unit, the provider has not specified whether the request is for purchase or rental. This patient presents with uncomplicated lower back pain secondary to sprain/strain. It is not clear whether or not the treater is requesting a rental of the hot/cold unit, or a purchase - and it is not stated as to why traditional hot packs or ice packs are insufficient for this patient. Without a clearer rationale as to whether the requested device is a rental or a purchase, or a discussion as to why traditional hot/cold packs are insufficient, the request cannot be substantiated. The request is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 04/21/15 with unrated lumbar spine pain. The patient denies radicular pain and neurological dysfunction. The patient's date of injury is 04/13/15. Patient has no documented surgical history directed at this complaint. The request is

for TENS UNIT. The RFA was not provided. Physical examination dated 04/21/15 reveals diffuse tenderness to palpation of the lumbar spine without muscle spasms or neurological dysfunction in the lower extremities. The patient is currently prescribed Ultracet, Nabumetone, and Orphenadrine. Diagnostic imaging was not included. Patient is currently working modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "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." In this case, the provider is requesting a TENS unit for this patient's continuing lower back and wrist pain. However, there is no documentation of an intent to perform a 30-day trial prior to purchase. Physical therapy progress note dated 05/15/15 notes that this patient tried electrical stimulation, though his symptoms remained the same following treatment. Were the request for a 30 day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under MRI.

Decision rationale: The patient presents on 04/21/15 with unrated lumbar spine pain. The patient denies radicular pain and neurological dysfunction. The patient's date of injury is 04/13/15. Patient has no documented surgical history directed at this complaint. The request is for MRI lumbar spine. The RFA was not provided. Physical examination dated 04/21/15 reveals diffuse tenderness to palpation of the lumbar spine without muscle spasms or neurological dysfunction in the lower extremities. The patient is currently prescribed Ultracet, Nabumetone, and Orphenadrine. Diagnostic imaging was not included. Patient is currently working modified duties. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment 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 Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. In regard to the initial lumbar MRI directed at this patient's lower back pain, the patient does not meet guideline criteria. This patient presents with uncomplicated lower back pain without radiculopathy or neurological deficit in the lower extremities. This patient's date of injury is 04/13/15 the most

recent progress note provided is dated 04/21/15. Guidelines only support MRI imaging if the patient demonstrates unequivocal neurological findings indicative of nerve insult, or until the patient fails to progress following one month of conservative treatment. Without examination findings suggestive of neurological compromise secondary to this patient's lower back complaint, such imaging cannot be substantiated. The request is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 04/28/15), Electrodiagnostic studies (EDS).

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 chapter under EMGs (electromyography) Low Back Chapter under Nerve conduction studies (NCS).

Decision rationale: The patient presents on 04/21/15 with unrated lumbar spine pain. The patient denies radicular pain and neurological dysfunction. The patient's date of injury is 04/13/15. Patient has no documented surgical history directed at this complaint. The request is for EMG/NCV bilateral lower extremities. The RFA was not provided. Physical examination dated 04/21/15 reveals diffuse tenderness to palpation of the lumbar spine without muscle spasms or neurological dysfunction in the lower extremities. The patient is currently prescribed Ultracet, Nabumetone, and Orphenadrine. Diagnostic imaging was not included. Patient is currently working modified duties. ODG Low Back chapter under EMGs-electromyography-ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back". In regard to the request for an EMG/NCV study to be performed on the bilateral lower extremities, the treater has not provided documentation of neurological deficit in the lower extremities. There is no indication that this patient has had any electrodiagnostic studies of the lower extremities to date. There is no documentation of specific neurological deficit in the lower extremities or progression in this patient's symptoms, only a complaint of lower back pain. An EMG may be indicated for investigation of low back pain per ACOEM, but there is no support for performing NCV as well with no documentation of peripheral symptoms and suspicion for such disorders as peripheral neuropathy or plexus injury. The request is not medically necessary.