

<b>Case Number:</b>	CM15-0112586		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Hawaii

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 47 year old female who sustained an industrial November 1, 1999. Past treatment history included cervical fusion 2006, VQ TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy and medication. According to a primary treating physician's progress report, dated April 14, 2015, the injured worker presented for a follow-up regarding her neck and low back pain. She denies any new symptoms and reports her condition remained stable since the last visit. She is currently on day 4 of a 10 day course of antibiotics for a recent sinus infection. Current medication included Lidocaine patch, Flexeril, and Lunesta. She complains of aching, stabbing burning pain in the low back, radiating to the bilateral hips and rated 3-4 out of 10. She utilizes a wheelchair and a single point cane for ambulation. She reports she is able to walk and stand for less than 5 minutes as her pain then increases to tears and also experiences difficulty sleeping due to pain. She has ongoing numbness to the fingers, but not as severe, and she continues to wear a right wrist brace. Since her injury she has reported gaining greater than 100 pounds. Objective findings included; tenderness to palpation of the cervical thoracic and lumbar paraspinals with range of motion decreased in all planes; upper and lower extremity sensation is intact bilaterally; negative straight leg raise bilaterally; slump test is negative. Diagnoses are cervical spine radiculopathy; lumbar spine degenerative disc disease; lumbar spine radiculopathy; thoracic spine disc herniation and cord compression; chronic neck and low back pain. Treatment plan included blood work to include liver and kidney, authorized, and at issue, the request for authorization for an open MRI thoracic and lumbar spine and VQ OrthoStim 3 unit with supplies. Physician's documentation of impressions on of MRI's of the

cervical and thoracic spine, dated January 28, 2010, is present in the medical record. An x-ray of the cervical spine dated March 17, 2015, impression revealed moderate C2-C5 degenerative disc disease and moderate C4-C5 spondylosis changes identified with C2-C5 facet hypertrophic changes bilaterally. According to utilization review dated May 15, 2015, the request for blood work to include the liver and kidney are certified. The request for an open MRI of the thoracic and lumbar spine is non-certified. The request for a VQ OrthoStim 3 unit with supplies is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Open MRI Thoracic and Lumbar spine:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs.

**Decision rationale:** The patient presents with pain affecting the mid and lower back. The current request is for Open MRI Thoracic and Lumbar Spine. The treating physician states in the report dated 4/14/15, "I continue to request open MRI of the thoracic, and lumbar spines. It is clear that the patient is getting worse with time." (8B) The patient's last MRI was in 2010. The ODG Guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented that the patient's pain is worsening. The current request is medically necessary.

**VQ OrthoStim 3 unit with supplies:** 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 patient presents with pain affecting the mid and lower back. The current request is for VQ OrthoStim 3 unit with supplies. The Orthostim 3 combines interferential, neuromuscular and high volt pulsed current. The treating physician states in the report dated 4/14/15, "She is also awaiting authorization for VQ OrthoStim 3 and supplies. The patient had received a TENS unit which provides minimal pain relief. She states the pads are not large enough." (6B) The MTUS Guidelines support this treatment for patients when, "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse." In this case, the treating physician has documented that the patient cannot take oral pain medications due to diverticulitis. While the guidelines do recommend a 30 day trial in selected cases, the current request is for purchase and there is no documentation of a successful trial to warrant the purchase of a VQ Orthostim 3 unit. The current request is not medically necessary.

