

Case Number:	CM15-0113561		
Date Assigned:	06/19/2015	Date of Injury:	08/10/2011
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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 33 year old male patient who sustained an industrial injury on 08/10/2011. A recent primary treating office visit dated 05/18/2015 reported the patient with subjective complaint of having low back pain that is persistent. He reports having spasms in the low back. He is attending physical therapy session. Objective findings showed the lumbar spine tender to palpation; spasm present. There is a positive straight leg raise, left, and upper left leg radicular pain. He is diagnosed with lumbar spine strain/sprain with radicular symptom and note of 03/12/2015 electrodiagnosotic nerve conduction study within normal limits. There is recommendation for a magnetic resonance imaging study is performed. He is to return to a modified work duty on 05/18/2015. Also with recommendation to obtain a interferential unit, continue home exercise program and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator (1 month rental) with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with persistent low back pain. The current request is for an Interferential stimulator (1 month rental) with supplies. The request for authorization is dated 05/18/14. Treatment history includes physical therapy, IF unit trial, and medications. The patient is not working. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). According to progress report 05/18/2015, the patient presents with complaints of low back pain that is persistent with muscle spasms. Objective findings of the lumbar spine revealed tenderness to palpation, decreased ROM and motor strength is 4/5. There is a positive straight leg raise and left leg radicular pain noted. There is only one PR2 provided in the medical file and it is hand written and partially illegible. The treater states that the patient has used an interferential unit in the past in conjunction with the physical therapy program which was "beneficial for pain management." Request is made for an IF unit one month rental with supplies. However, there is no discussion that pain is not effectively controlled from medication use, no discussion regarding substance abuse, or post-operative pain for which MTUS supports a trial of IF units. The request IS NOT medically necessary.

MRI lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: This patient presents with persistent low back pain. The current request is for an MRI of the lumbar spine. The request for authorization is dated 05/18/14. Treatment history includes physical therapy, IF unit trial, and medications. The patient is not working. 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. This patient has a diagnosis of lumbar

spine sprain/strain with intermittent radicular bilateral lower extremity. According to progress report 05/18/2015, the patient presents with complaints of low back pain that is persistent with muscle spasms. Objective findings of the lumbar spine revealed tenderness to palpation, decreased ROM and motor strength is 4/5. There is a positive straight leg raise and left leg radicular pain noted. The treater requests authorization for MRI of the lumbar spine as the patient's condition is worse. There is only one PR2 provided in the medical file and it is hand written and partially illegible. There is no indication of prior MRI. The UR denied the request stating that there are no red flag signs. In this case, the treater is concerned as the patient's symptoms are progressively worsening and examination finding are positive for neurological deficits. An MRI at this juncture for further investigation is reasonable and supported by ACOEM and ODG guidelines. This request IS medically necessary.