

Case Number:	CM15-0114819		
Date Assigned:	06/23/2015	Date of Injury:	03/13/2006
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 36-year-old male with an industrial injury dated 03/13/2006. The injured worker's diagnoses include chronic back pain, sprain lumbar region and lumbar radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/19/2015, the injured worker reported neck pain and lower backache. The injured worker rated pain a 3/10 and an 8 /10 without medications. Lumbar spine exam revealed restricted range of motion with pain, tenderness to palpitation, hypertonicity, spasm and tight muscle bands on both sides. Bilateral positive facet loading and tenderness over the sacroiliac (SI) spine was also noted on exam. The treating physician prescribed services for MRI (Magnetic Resonance Imaging) without contrast material of the lumbar spine and TENS (Transcutaneous Electrical Nerve Stimulation) unit for the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) without contrast material of the lumbar spine:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines

(20th annual edition) & (ODG) Treatment in Workers Compensation (13th annual edition).
2015: Low Back Chapter: Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated "Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient's signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS), Transcutaneous Electrotherapy, Tens, Post Operative Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one-month trial of TENS. There is no recent documentation of recent flare of the patient's pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (lumbar spine) is not medically necessary.