

Case Number:	CM15-0127223		
Date Assigned:	07/13/2015	Date of Injury:	11/10/2009
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 10, 2009. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for lumbar spine MRI. The claims administrator referenced an RFA form received on June 12, 2015 and an associated progress note dated May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was not working. Severe pain complaints in the 8-9/10 range were reported. The applicant exhibited positive left-sided straight leg raising with facetogenic tenderness and limited range of motion. An "updated" lumbar MRI was endorsed for evaluation purposes. Tylenol No. 3 was renewed. The applicant was asked to pursue a percutaneous electrical nerve stimulator (TENS) device, topical compounds, Norflex, Prilosec, oral ketoprofen, and Tylenol No. 3 while remaining off of work, on total temporary disability. The requesting provider was a pain management physician, it was suggested. The attending provider stated that the applicant had received PENS therapy in the past. The attending provider posited that the applicant had derived some transient benefit from previous usage of the PENS device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2015 online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the proposed lumbar MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the lumbar MRI at issue and/or consider surgical intervention based on the outcome of the same. The requesting provider was a pain management physician; it was acknowledged on May 6, 2015, not a spine surgeon. The requesting provider stated that he was intent on obtaining an "updated" lumbar MRI for "evaluation purposes," strongly suggesting that the applicant had no intention of pursuing any kind of surgical remedy based on the outcome of the study in question. Therefore, the request was not medically necessary.

Percutaneous electrical nerve stimulator x 4 treatments over the course of 30 days (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: Similarly, the request for a percutaneous electrical nerve stimulator (PENS) x4 treatments over the course of 30 days was not medically necessary, medically appropriate, or indicated here. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a trial of PENS therapy may be considered as an adjunct to a program of evidence-based functional restoration after other non-surgical treatments have been tried, failed, or are judged to be unsuitable, here, however, the applicant was off of work, on total temporary disability as of the date of the request, May 6, 2015, strongly suggesting that the applicant was not, in fact, intent on employing the proposed PENS therapy in conjunction with a program of evidence-based functional restoration. The applicant had previously received PENS therapy in the past, the treating provider acknowledged on May 6, 2015, and had, by all accounts, failed to respond favorably to the same in terms of the functional improvement parameters established in MTUS 9792.20e. The applicant remained off of work, on total temporary disability, it was reported on May 6, 2015. The applicant remained dependent on topical compounds, Norflex, Tylenol No. 3, oral ketoprofen, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier percutaneous electrical nerve stimulator (PENS) treatments over the course of the claim. Therefore, the request was not medically necessary.

