MAXIMUS Federal Services

Case Number:	CM15-0129259		
Date Assigned:	07/22/2015	Date of Injury:	02/15/2011
Decision Date:	09/15/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, Michigan
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 injured worker is a 51-year-old male, who sustained an industrial injury on February 15, 2011. He reported back, left leg and neck pain after being crushed between two 500-pound orange boxes by a forklift operator. The injured worker was diagnosed as having, chronic pain syndrome, lumbar degenerative disc disease with myelopathy, cervical pain, lumbar 4-5 degenerative ventral disc supported by magnetic resonance imaging (MRI) on June 6, 2011, partial sacralization of lumbar 5 ventral body also indicated on MRI and status post abnormal nerve conduction studies with mild lumbar 5 radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain with decreased range of motion in the lumbar spine, left lower extremity pain with associated numbness and tingling, arm pain with associated right upper extremity radicular symptoms and neck pain with associated strong headaches. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 11, 2014, revealed continued pain as noted. He reported some swelling in the left arm/elbow and noted he had a reaction to Tramadol. He reported poor grip in his hands and hip pain as well. He noted physical therapy was not beneficial. He also reported feeling depressed secondary to the ongoing pain. Work and lifting restrictions remained active. Medications were continued. Evaluation on May 11, 2015, revealed continued pain rated at 9 on a 1-10 visual analog scale (VAS) with 10 being the worst, most significant over the lumbar spine. Straight leg test was negative bilaterally and he was noted to have a non-antalgic gait and did not require the use of assistive devices to ambulate. A TENS unit was recommended.

A prescription of Vicodin for breakthrough pain and ibuprofen was given. He signed an opioid contract. Labs and a urinary drug screen were recommended. An updated MRI was recommended with no indication of future surgical intervention of the lumbar spine. Lumbar epidural steroid injections were recommended. Additional chiropractic care was recommended as well. Chiropractic therapy X12 for the lumbar spine, Ibuprofen 800mg #60 x 1 refill, Lumbar epidural steroid injection, MRI of the lumbar spine, POC urine drug screen, Pain management consultation, Physiotherapy for the lumbar spine x 12 and a TENS unit plus supplies x 6 month rental were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit plus supplies x 6 month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: Per California (CA) MTUS Chronic Pain Treatment Guidelines, TENS units are recommended for individuals with chronic pain lasting more than three months after appropriate treatment options have been tried and failed. The CA MTUS Guidelines also recommends ongoing objective documentation of functional improvements to continue the use of an optional treatment modality. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The CA MTUS recommends a one month trial period to determine effectiveness of the treatment. There was no evidence in the documentation provided the injured worker had trailed the TENS unit for a one month trial period. The request for a TENS unit is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California (CA) MTUS ACOEM Guidelines note that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in individuals who do not respond to treatment and who would consider surgical intervention. Physiologic evidence of nerve dysfunction should be documented before ordering the study. In this case, the documentation did support or indicate

nerve root compromise in the lumbar spine. There was no indication of surgical intervention of the lumbar spine. In addition, the physician recommended medications, chiropractic care and physiotherapy for the lumbar spine. It is not recommended to proceed with additional MRI of the lumbar spine without documentation of failed first-line treatments. For these reasons, MRI of the lumbar spine is not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: According to the California (CA) MTUS Guidelines, for an epidural steroid injection to be considered as a treatment option, radiculopathy documented on an objective physical exam must be included as well as supporting imaging studies and continued pain unresponsive to conservative treatment. It was noted in the documentation he failed conservative therapies including physical therapy and medications. There was no indication of previous injection and no ongoing pain assessments. In addition, the physician concurrently requested other less invasive treatment modalities including a first line analgesic agent. It is not recommended to proceed with more invasive procedures until there is objective documentation of failed first line therapies. For these reasons, lumbar epidural steroid injection is not medically necessary.

POC urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinary Drug Screen Page(s): 43.

Decision rationale: According to the California (CA) MTUS Guidelines, drug testing is recommended as an option to assess for the presence of illicit drugs, may be required during opioid therapy and can be used to determine compliancy with the prescribed medication regiment in patients with noted aberrant behaviors. It was noted the injured worker signed aqn opioid contract and was prescribed a short-acting opioid for breakthrough pain. There was no noted suspicion of illicit drug abuse or noncompliance. No aberrant behaviors were identified. The request for a urinary drug screen is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain management Page(s): 87-89.

Decision rationale: According to the California (CA) MTUS Guidelines, a primary provider can handle evaluation and treatment of an injured worker safely and effectively in the absence of red flags. According to the documentation, there were no noted red flags preventing effective treatment for the injured individual by a primary provider. In addition, there was insufficient documentation to compare pain from one visit to the next. For these reasons, a pain management consult is not medically necessary.

Ibuprofen 800mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 61-73.

Decision rationale: According to the California (CA) MTUS Guidelines, Ibuprofen is a non-steroidal anti-inflammatory (NSAID) used as an option for short-term symptomatic relief. The CA MTUS recommends the use NSAIDS at the lowest dose possible for the shortest period of time to achieve effectiveness for the individual. In this case, there was no indication of previous treatment with ibuprofen however, there was no baseline pain assessment noted and no continuing pain assessments provided in the documentation. It is unclear if he had previously tried or failed NSAID therapy. In addition, the injured worker continued to require work restrictions. Furthermore, the amount of the NSAID prescribed indicated the intension of long-term use. For these reasons, the request for Ibuprofen 800 mg #60 x 1 refill is not medically necessary.

Physiotherapy for the lumbar spine x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines six-therapy visits over two weeks with noted objective functional improvement is recommended during the trial phase. There was indication of previous failed physical therapy. The CA MTUS recommends the injured worker to complete up to 6 trial visits with objective improvements noted before continuing with additional therapy visits. In addition, the physician recommended chiropractic care during the same time frame as well as a first-line oral analgesic. It is not recommended to precede with multiple treatment options until others have failed. There was insufficient documentation available to determine effectiveness of previous first line therapies or progressive pain from one visit to the next. For these reasons, physiotherapy for the lumbar spine x 12 is not medically necessary.

Chiropractic therapy x 12 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines six chiropractic visits over two weeks with noted objective functional improvement is recommended. There was no indication of previous chiropractic therapy. The CA MTUS recommends the injured worker to complete up to 6 trial visits with objective improvements noted before continuing with additional chiropractic visits. The request for 12 chiropractic visits exceeds the recommended number for trial of chiropractic care. The request for chiropractic therapy x 12 for the lumbar spine is not medically necessary.