

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0063842 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 09/30/2010 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial/work injury on 9/30/10. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having s/p lumbar spinal fusion, lumbospinal/thoracic radiculitis, lumbar spondylosis, s/p cervical spinal fusion, and cervical spondylosis. Treatment to date has included medication, surgery (s/p anterior cervical discectomy and fusion; bilateral microforaminotomies at C3-4, C4-5, and C5-6 on 4/19/12; and s/p lumbar decompression and fusion L5-S1 on 8/28/14), physical therapy, and diagnostics. MRI results were reported on 2/18/13. X-Rays results were reported on 8/1/13, 2/18/13, 10/7/14, 11/12/14, and 1/14/15. Currently, the injured worker complains of continued low back pain, bilateral hip pain, and buttock pain, and pain down the legs, calf into the foot. There was also neck pain with radiation to the scapula and into the right shoulder. Per the primary physician's report from 3/2/15, examination noted diminished range of motion in her cervical spine and R>L lateral rotation and extension more than flexion with pain. The injured worker is tender over the right posterior over her right posterior cervical region, as well as over her shoulder joints, tender to palpation in the lumbosacral junction with diminished range of motion, tender over bilateral hip joints, and ambulates with discomfort. Current plan of care included continuing physical therapy, epidural injection, TENS unit and x-rays. The requested treatments include X-ray of the lumbar spine: AP & lateral views and Transcutaneous electrical nerve stimulation (TENS) 4 or more leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine: AP & lateral views: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays lumbosacral spine: AP and lateral views are not medically necessary. X-rays of the lumbar spine are not recommended in the absence of red flags. Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if pain has persisted for at least six weeks. The indications for radiography are enumerated in the Official Disability Guidelines, In this case, the injured worker's working diagnoses are status post lumbar spinal fusion; lumbosacral or thoracic radiculopathy; lumbar spondylosis; status post cervical spinal fusion; and cervical spondylosis. According to a March 2, 2015 progress note, the injured worker is six months postoperative for a redo L5 - S1 decompression and posterior fusion with fixation. On February 15, 2015 unit worker underwent AP lateral plain x-rays of the lumbar spine and magnetic resonance imaging, both status post procedure/surgery. AP/lateral lumbar spine x-rays showed good placement of the interbody graft and instrumentation. The MRI scan with and without contrast showed nice decompression at the level of L5 - S1. There is mild stenosis in the foramina at L3 - L4 and L4 - L5. There is moderate facet hypertrophy L4 - L5. The documentation indicates the injured worker was having recurrent back and neck pain. The MRI showed no significant changes. Plain radiographs were performed (one month prior) that showed "nice decompression at L5 - S1". There is no clinical indication or rationale in the medical record to repeat plain radiographs (AP and lateral views). Consequently, absent compelling clinical documentation to repeat plain x-rays performed one month prior with unremarkable results, x-rays lumbosacral spine: AP and lateral views are not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) 4 or more leads (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit, 4 or more leads, for purchase is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of

evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post lumbar spinal fusion; lumbosacral or thoracic radiculopathy; lumbar spondylosis; status post cervical spinal fusion; and cervical spondylosis. According to a March 2, 2015 progress note, the injured worker is six months postoperative for a redo L5 - S1 decompression and posterior fusion with fixation. On February 15, 2015 unit worker underwent AP lateral plain x-rays of the lumbar spine and magnetic resonance imaging, both status post procedure/surgery. AP/lateral lumbar spine x-rays showed good placement of the interbody graft and instrumentation. The MRI scan with and without contrast showed nice decompression at the level of L5 - S1. There is mild stenosis in the foramina at L3 - L4 and L4 - L5. There is moderate facet hypertrophy L4 - L5. The documentation indicates the injured worker was having recurrent back and neck pain. The treating physician requested TENS for persistent pain. There is no documentation of a TENS trial in the medical record. There are no short or long-term goals proposed in the medical record. Consequently, absent clinical documentation with a one month TENS trial and short and long-term goals for TENS use, TENS unit, 4 or more leads, for purchase is not medically necessary.