

Case Number:	CM15-0072314		
Date Assigned:	04/22/2015	Date of Injury:	08/09/1999
Decision Date:	05/20/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 8/09/1999. Diagnoses include cervicgia status post surgery, carpal tunnel syndrome, lumbosacral neuritis and lumbago. Treatment to date has included diagnostics, surgical intervention, injections, medications and a spinal cord stimulator trial. Per the Primary Treating Physician's Progress Report dated 2/19/2015, the injured worker reported constant pain in the low back with radiation to the lower extremities, rated as 8/10. There is intermittent pain in the cervical spine with radiation into the upper extremities. With associated migraine type headaches as well as tension between the shoulder blades. He also reported pain in the bilateral wrist/hand rated as 7/10. Physical examination of the wrist/hand revealed tenderness over the volar aspect of the wrist. There was a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign was positive over the carpal canal. Range of motion was full but painful. Lumbar spine evaluation revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. The plan of care included surgical intervention (carpal tunnel release), injection and physical therapy. Authorization was requested for a consult with pain management for a second lumbar epidural steroid injection (LESI), cervical spine bone stimulator and physical therapy (2x4) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Bone Growth Stimulators (BGS).

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 Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

Decision rationale: The claimant sustained a work injury in August 1999 and continues to be treated for a neck and low back pain. Treatments have included a cervical spine fusion in July 2014. An MRI of the lumbar spine is referenced as showing a right lateralized L3/4 disc herniation affecting the L3 nerve root. When seen, there was decreased lower extremity strength. There had been partial improvement after one epidural injection. Requests included a bone stimulator due to decreased healing after the claimant's surgery. In terms of a bone growth stimulator, case by case recommendations are necessary. A bone stimulator may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case, none of these risk factors is present. The claimant is more than six months status post surgery. There are no documented imaging findings of a failed or incomplete fusion. Therefore the requested bone stimulator is not medically necessary.

Physical Therapy for the Cervical Spine 2 x 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 1999 and continues to be treated for a neck and low back pain. Treatments have included a cervical spine fusion in July 2014. An MRI of the lumbar spine is referenced as showing a right lateralized L3/4 disc herniation affecting the L3 nerve root. When seen, there was decreased lower extremity strength. There had been partial improvement after one epidural injection. Requests included a bone stimulator due to decreased healing after the claimant's surgery. The claimant has already had post-operative physical therapy and is more than 6 month status post surgery. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

Consultation with Pain Management for 2nd LESI: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in August 1999 and continues to be treated for a neck and low back pain. Treatments have included a cervical spine fusion in July 2014. An MRI of the lumbar spine is referenced as showing a right lateralized L3/4 disc herniation affecting the L3 nerve root. When seen, there was decreased lower extremity strength. There had been partial improvement after one epidural injection. Requests included a bone stimulator due to decreased healing after the claimant's surgery. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms and had a partial rep to a previous epidural steroid injection. Whether a different approach or other treatment might be considered would require a reassessment of his condition. Therefore the requested consultation is medically necessary.