

Case Number:	CM15-0075708		
Date Assigned:	04/27/2015	Date of Injury:	10/02/1997
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male injured worker suffered an industrial injury on 10/02/1997. The diagnoses included degeneration of the lumbar discs, facet joint syndrome, lumbosacral spondylosis, lumbar radiculopathy and knee pain. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with multiple orthopedic surgeries, medications, acupuncture, chiropractic therapy, and TENS unit. On 3/2/2015 the treating provider reported low back pain and left knee pain. There was constant lumbar pain. There was atrophy noted to the right lower extremity with tenderness to the lumbar facets. The injured worker reported that heating pad use needed him to be lying down for 30 minutes whereas the Thermacare patch he can wear for a prolonged time. The treatment plan included MRI of the lumbar Spine and Thermacare Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient was injured on 10/02/97 and presents with low back pain and left knee pain. The request is for a MRI of the Lumbar Spine to assess interval change as patient reports worsening low back pain and LLE radicular pain. The RFA is dated 03/30/15 and the patient's work status is not provided. The patient had a prior MRI of the lumbar spine on 05/04/12 which revealed that there was minimal broad-based disk bulge and mild facet degenerative change at L4-5 and minimal broad-based disk bulge, mild facet degenerative change, and mild bilateral foraminal stenosis at L5-S1. For special diagnostics, ACOEM Guidelines page 303 states, Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter MRI topics states that MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit. The 03/30/15 report states that he has worsening radicular symptoms (numbness/pain) down the lateral thigh to the foot with associated toe cramping. He has an antalgic gait, atrophy to the left lower extremity, tenderness to palpation of the bilateral lumbar facets L4/5 and L5/S1, decreased left knee flexion/extension, and decreased sensation to light touch at L4-S1 dermatomes. The patient is diagnosed with degeneration of the lumbar discs, facet joint syndrome, lumbosacral spondylosis, lumbar radiculopathy, and knee pain. The treater is requesting for an updated MRI of the lumbar spine to assess interval change as patient reports worsening low back pain and LLE radicular pain. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. In this case, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The exam findings provided from the 03/03/15 report are same findings that are on the 02/04/14 report. There are no new objective findings provided to warrant an updated MRI of the lumbar spine. Therefore, the requested repeat MRI of the lumbar spine is not medically necessary.

Thermacare Patches #40: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Heat/Cold.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 156-157. Decision based on Non-MTUS Citation Official Disability guidelines Low back chapter, heat therapy.

Decision rationale: The patient was injured on 10/02/97 and presents with low back pain and left knee pain. The request is for Thermacare Patches #40. The utilization review denial letter did not provide a rationale. The RFA is dated 03/30/15 and the patient's work status is not provided. ACOEM Guidelines pages 156, 157 recommend heat therapy for low back pain. ODG Guidelines under the low back chapter for heat therapy topics states, "Recommended as an option." ODG further states, "one study compared the effectiveness of [REDACTED] back plaster, the [REDACTED] Warne-Pflaster, and the [REDACTED] ThermaCare heat wrap, and concluded that ThermaCare hear wrap is more effective than the other two." The 03/30/15 report states that he reports thermacare works better than heating pad because it stays wrapped around his body so he can use it while doing household chores and he doesn't have to just stay lying down in bed. Additionally, thermacare works better than heating pads as thermacare lasts 12 hours, he can wear the wrap while doing activity and stay active. Given documentation of benefit from Thermacare and that ODG supports Thermacare, the request is medically necessary.