MAXIMUS Federal Services

Case Number:	CM15-0078446		
Date Assigned:	04/29/2015	Date of Injury:	12/27/2007
Decision Date:	07/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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, Illinois
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 56 year old male, who sustained an industrial injury on December 27, 2007. The injured worker was diagnosed as having discogenic lumbar condition with here level disc disease and facet inflammation status post two epidural injections, equinovarus deformity of the right foot aggravated by this condition, and due to chronic pain and inactivity the injured worker has an element of weight gain of ten pounds and element of sleep, stress, and depression. Treatment to date has included physical therapy, back brace, TENS, hot/cold wrap, and medication. Currently, the injured worker complains of low back and right leg pain, sleep issues, stress, and depression. The Treating Physician's report March 26, 2015, noted straight leg raise gave the injured worker lumbosacral pain. Nerve studies were noted to show L5 on the right and S1 on the left, radiculopathy. The treatment plan was noted to include requests for authorization for a 10 panel urine screen, comprehensive metabolic panel, CBC, and urinalysis, a spinal consultation, nerve studies of the lower extremities, a physiatry, a TENS unit, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory services, CMP, CBC, UA, 10 panel Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Opioids Page(s): 77; 70.

Decision rationale: The injured worker sustained a work related injury on December 27, 2007. The medical records provided indicate the diagnosis of facet inflammation status post two epidural injections, equinovarus deformity of the right foot aggravated by this condition, and due to chronic pain and inactivity the injured worker has an element of weight gain of ten pounds and element of sleep, stress, and depression. Treatment to date has included physical therapy, back brace, TENS, hot/cold wrap, and medication. The medical records provided for review do not indicate a medical necessity for Laboratory services, CMP, CBC, UA, 10 panel Urine drug screen. The MTUS recommends monitoring individuals on NSAIDs for kidney function, liver function, and blood count; monitoring individuals on opioid treatment with urine drug screen. The medical records indicate the injured worker, who is on treatment with both opioids and NSAID was requested for these tests in 01/2015, but there was no documentation of outcome of the request on subsequent visit. The requested tests are not medically necessary because the medical records lacked information on the outcome of similar requests made within the past two months.

EMG/NCV of the bilateral lower extremities: 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): 309.

Decision rationale: The injured worker sustained a work related injury on December 27, 2007. The medical records provided indicate the diagnosis of discogenic lumbar condition with here level disc disease and facet inflammation status post two epidural injections, equinovarus deformity of the right foot aggravated by this condition, and due to chronic pain and inactivity the injured worker has an element of weight gain of ten pounds and element of sleep, stress, and depression. Treatment to date has included x-rays, epidural injections, MRIs, physical therapy, back brace, TENS, hot/cold wrap, and medication. The medical records provided for review do not indicate a medical necessity for EMG/NCV of the bilateral lower extremities. The medical records indicate the injured worker had positive straight leg raise in the physical examination; the previous nerve studies done in 2013 noted L5-S1 radiculopathy; MRI Lumbar of 10/2013 revealed Disc herniation. The MTUS recommends against EMG if radiculopathy is clinically obvious or if it has been diagnosed by Imaging. The request is not medically necessary.

TENS unit 4 lead with conductive garment: 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 Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on December 27, 2007. The medical records provided indicate the diagnosis of discogenic lumbar condition with here level disc disease and facet inflammation status post two epidural injections, equinovarus deformity of the right foot aggravated by this condition, and due to chronic pain and inactivity the injured worker has an element of weight gain of ten pounds and element of sleep, stress, and depression. Treatment to date has included x-rays, epidural injections, MRIs, physical therapy, back brace, TENS, hot/cold wrap, and medication. The medical records provided for review do not indicate a medical necessity for TENS unit 4 lead with conductive garment. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENs unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long-term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain, phantom limb pain and CRPS II, and spasticity. However, although it reduces pain multiple sclerosis, it is ineffective in the treatment of spasticity related to multiple sclerosis (MS). The records indicate the injured worker had been using TENs unit, but there was no documented evidence of benefit. Also the MTUS recommends against the use of 4 leads. Furthermore, the MTUS recommends that when used, the TENS must be used as an adjunct to a functional restoration program that includes return to work. The medical records indicate the injured worker has not been working. The request is not medically necessary.

Spinal consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 104-164 (NOT MTUS - not in PDF).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The injured worker sustained a work related injury on December 27, 2007. The medical records provided indicate the diagnosis of discogenic lumbar condition with here level disc disease and facet inflammation status post two epidural injections, equinovarus deformity of the right foot aggravated by this condition, and due to chronic pain and inactivity the injured worker has an element of weight gain of ten pounds and element of sleep, stress, and depression. Treatment to date has included x-rays, epidural injections, MRIs, physical therapy, back brace, TENS, hot/cold wrap, and medication. The medical records provided for review do not indicate a medical necessity for Spinal consultation. The medical records indicate the injured worker had seen a spine specialist, but this specialist recommended a second opinion. Also, the records indicate an approval may have been given for a spine consultation for a second opinion, but there was uncertainty about this approval. The MTUS states, "Patients with acute low back pain alone, without findings of serious conditions or significant nerve root

compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short- to mid-term recovery, surgical morbidity (recovery and rehabilitation time and effects) and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings." The request is not medically necessary.

Physiatry referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 104-164 (NOT MTUS - not in PDF).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The injured worker sustained a work related injury on December 27, 2007. The medical records provided indicate the diagnosis of discogenic lumbar condition with here level disc disease and facet inflammation status post two epidural injections, equinovarus deformity of the right foot aggravated by this condition, and due to chronic pain and inactivity the injured worker has an element of weight gain of ten pounds and element of sleep, stress, and depression. Treatment to date has included x-rays, epidural injections, MRIs, physical therapy, back brace, TENS, hot/cold wrap, and medication. The medical records provided for review do not indicate a medical necessity for Physiatry referral. The medical records indicate the injured worker saw a spine specialist, but this specialist recommended a second opinion; following this, a referral was made for the second opinion spine specialist. After some delay in approving the request, the treating doctor stated it appears approval may have been given for a spine consultation for a second opinion, but was uncertain. Based on this, it is appropriate to confirm whether the approval has been given or not before any other step is taken to avoid duplication. The MTUS states, "Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short- to mid-term recovery, surgical morbidity (recovery and rehabilitation time and effects) and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings." The above determination is based on the MTUS recommendation for the clinician to play the role of the case manager and limit unnecessary referrals. The request is not medically necessary.