

Case Number:	CM15-0079709		
Date Assigned:	04/30/2015	Date of Injury:	04/23/2012
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 4/23/12. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having lumbar degenerative disc disease; cervical degenerative disc disease; cervical radiculitis; carpal tunnel syndrome; poor coping/depression. Treatment to date has included physical therapy; TENS unit; medications. Diagnostics included MRI cervical spine 9/11/12); MRI lumbar spine (9/28/12 and 10/21/13). Currently, the PR-2 dated 10/7/14 indicated the injured worker feels depressed. He is having severe neck, thoracic, low back, bilateral arm and leg pain with no weakness of bowel or bladder control. Physical examination demonstrates cervical flexion 50 degrees, extension 30 degrees which causes neck pain. The upper extremities neurological examination is normal and psychological testing score is 14/30 indicating mild depression and anxiety. The provider's impression includes 1) L5-S1 degenerative disc protrusion with annular tear with central stenosis contributing to the bilateral L5-S1 radicular pain. 2) C5-C6, C6-C7 degenerative disc protrusions with bilateral C6 and C7 radicular numbness. 3) Moderate reactive depression and chronic pain syndrome. The treatment plan is to stop the Ultram. He requires a SPARCmed functional restoration pain program. He has chronic pain that has not been responsive to physical therapy and medications that prevent his ability to return to work. The provider notes a pending surgical consult but does not feel the injured worker is an ideal candidate for surgery (Disc arthroplasty at L5-S1). The provider prescribed and dispensed Terocin (20% methyl salicylate, 10% menthol, and 0.25% capsaicin, 2.5% lidocaine) to apply to

his spine and to continue Flexeril 10mg. Another provider is requesting Lumbar MRI and TENS electrodes x 4, but the notes (dated 3/10/15) to support this request are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: The CA MTUS states in regard to special studies, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging to patients who do not respond to treatment and who would consider surgery an option." The ODG states that, "repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (i.e. tumor, infection, fracture, neurocompression, recent disc herniation)." This patient does not have findings suggestive of significant pathology. He has undergone two recent MRIs, on 9/28/12 and 10/21/13. Since the most recent MRI, the patient has not developed any significant changes on examination with his sensory and motor function both intact. There is also no evidence that surgery is being contemplated at this time. Therefore, this request is deemed not medically necessary.

TENS electrodes x 4: Upheld

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

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

Decision rationale: CA MTUS does not recommend TENS as a primary treatment modality, but a one-month home-based trial may be considered on a trial basis if used in conjunction with a program of evidence-based functional restoration. The records submitted note that the claimant uses a TENS unit 30 minutes/day, but the benefit is not identified. It appears that the patient has not received relief from conservative care at this point. The request at this time is deemed not medically necessary.