

Case Number:	CM13-0016882		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2013
Decision Date:	03/05/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 37 year old injured worker who sustained a work related injury on January 25 2013. Thee subsequently developed chronic back pain and was treated with Thoracic-Lumbar-Sacral Orthosis. According to the note of July 2, 2013, the patient continued to have chronic back pain. Physical examination showed Waddell signs were positive for stimulation, distraction and regional tenderness. A CT scan of the lumbar spine performed on April 19 2013 demonstrated L2 compression deformity. The patient was treated with physical therapy, Naprosyn. The patient reported some relief with TENS unit while on therapy. The provider requested authorization for TENS and restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that the patient

responded to a one month TENS trial. There is no recent documentation that the patient attempted and failed first line pain medication therapy. The request for a TENS unit is not medically necessary and appropriate.

Evaluation for functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 64-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). There is no clear documentation that the patient will fully benefit from a restoration program. The presence of Waddell signs suggest the patient may not fully benefit from a restoration program, particularly its physical rehabilitation component. The request for functional restoration program is not medically necessary and appropriate.